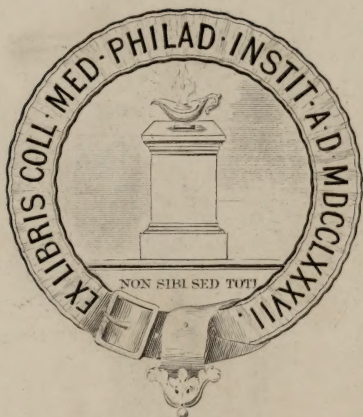


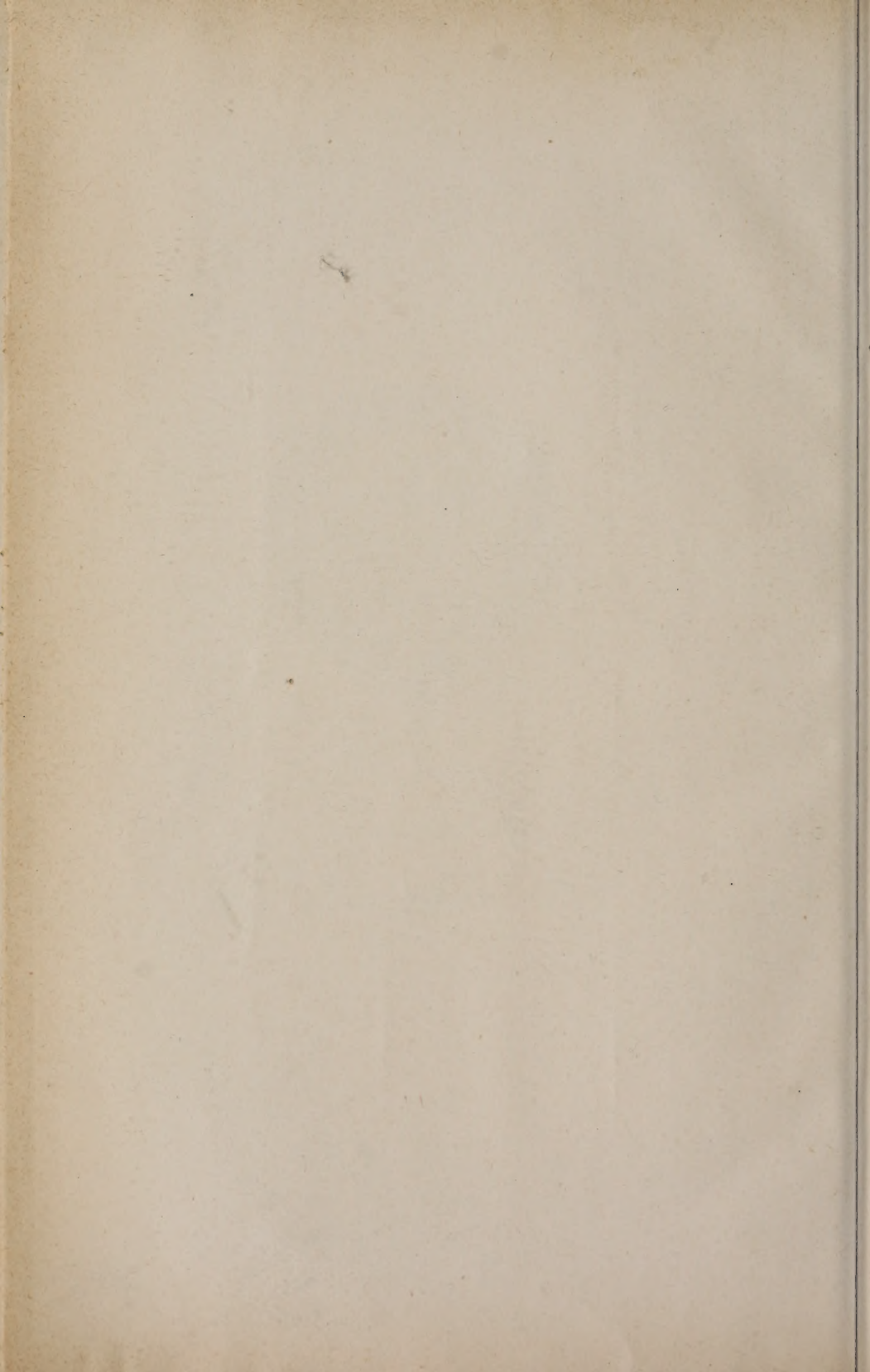
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Presented by  
R. J. Dunglison, M.D.









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# CLEVELAND MEDICAL GAZETTE.

A Monthly Journal of Medicine and Surgery.

EDITED BY

ALBERT R. BAKER AND SAMUEL W. KELLEY.

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—THE—  
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ORIGINAL ARTICLES.

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CERTAIN FORMS OF INJURY TO THE SKULL.\*

BY F. E. BUNTS, M.D., CLEVELAND, OHIO.

In looking over the field and endeavoring to find something new to serve as a subject for my essay, I was impressed with the fact that I had very little that was new to offer for your consideration. Upon reflection, therefore, I have decided to present to you the records, incomplete in many details, of three cases of injury to the skull, upon which I have performed the operation of trephining.

As I recall the cases I am struck with the fact that they represent three distinct groups of cerebral injury, and as the outcome has been favorable in each case, their history may be of some interest.

The three classes of injury to which I refer are : *First*, fracture of the skull with external communicating wound. *Second*, fracture of the skull with depression and no external wound. *Third*, penetrating gunshot wound. The first case was that of a young man, aged twenty-eight, good health and history, except that he was intemperate.

\*Read before the Cuyahoga County Medical Society, October 3, 1889.

He was struck by the crank of a crane, which flew off and hit him on the right parietal bone about one inch from the sagittal suture. He was unconscious immediately after the injury, but when I saw him, had regained consciousness, and expressed himself as feeling all right. An examination revealed at once a scalp wound, an inch and a half in length, communicating with the rough edge of a fractured skull. He was taken to the hospital where he was seen by Dr. F. J. Weed in consultation, and trephining decided upon. His condition was not as favorable as when first seen, as he seemed to be in a dazed condition which led us to fear trouble if nothing was done. As soon as he could be anæsthetized I proceeded with the operation, finding the bone badly comminuted and several spiculæ driven into the dura-mater and piercing it at various points. The portions of bone which were completely detached, I removed, as well as two buttons with the trephine, made necessary in order to lift the remaining depressed portions. After cleaning the wound carefully with a bichloride solution, the edges were approximated by means of a roller saturated in a bichloride solution. No sutures were used, but a few threads of catgut were left in to act as drainage. He was put to bed and ice bags applied to his head. His temperature never rose above  $99^{\circ}$ , and, at the end of the first week, it was impossible to keep him longer in bed. The wound united throughout by first intention, and at the end of the second week the patient left the hospital. I saw him several weeks afterward, when he was in good health, though he had been drinking again. He said that he could not see quite the same with both eyes, and thought that this difficulty had occurred since the injury.

The second case was that of a boy aged seven, struck by the cow-catcher of an engine. When first seen, he was unconscious, breathing extremely irregular and labored, surface cold. There was no external evidence of injury save persistent hemorrhage from the right ear, and, upon examination, a marked depression of the skull just back

of the ear, embracing an area of about three square inches. The scalp was not cut in any place. Dr. Weed was called in consultation, and trephining decided upon. Dr. Stovering was present and assisted at the operation. After shaving the head and rendering it as thoroughly aseptic as possible, a large crucial incision was made, embracing the entire area of depression, so that upon dissecting the flap back, the entire area injured was disclosed, as well as sufficient sound bone for the application of the trephine. The bone was severely comminuted, a number of spiculæ pressing deeply into the dura-mater, with a few points of puncture. The removal of one button with the trephine furnished a fulcrum for elevating most of the depressed portion of bone. This was immediately followed by improvement in respiration, though its normal character was not restored until the entire depression was relieved, necessitating the removal of another disk to supply a new point of leverage.

As in the previous case, I removed those portions of bone which were entirely detached, or whose sharp edges punctured the meninges or threatened their integrity, and whose elevation alone would not insure perfect security from future irritation or perforation. In the space left open by the removal of a trephine button and other portions of bone, the dura-mater bulged out, and fearing from its dark color that a blood clot might be concealed beneath it, I made an incision one and a half inches in length, but found nothing but the brain substance. An attempt was then made to sew up the cut with a catgut suture, but after closing it through half its length, we concluded that more injury was being done to the brain, which persisted in forcing its way between the edges of the wound, than would occur were we to leave it only partly closed, which was accordingly done. After washing the wound thoroughly with a bichloride solution, and inserting two drainage tubes, the flaps were coaptated with a continuous catgut suture, sealed with iodoform collodion and dressed with bichloride gauze and cotton. Shortly

before the completion of the operation, alarming symptoms of collapse showed themselves. The radial pulse was lost and respiration occurred at such long intervals and so feebly that it was not considered possible that he could live. His body was wrapped in hot compresses and surrounded by hot bottles, and in an hour's time he emerged from his apparently hopeless condition, and from that time forward there was not a single unfavorable symptom, save the hemorrhage from his ear, which continued for five hours. At no time did his temperature go above  $100^{\circ}$ , there was no pus formed, the drainage tubes were removed on the fourth day. Pain and restlessness were controlled by ice to his head, bromide of potash and belladonna. At the end of a week he could only be kept in bed by the most constant care, and at the end of the second week he was allowed to get up and run about, as we believed that his constant struggling and crying to get out of bed were prejudicial to his recovery. Since then, I have seen him from week to week, but nothing has arisen to retard or to mar his recovery.

The third case was that of a woman aged twenty-eight, who attempted to commit suicide by shooting herself twice with a 22-calibre revolver. The case was seen by me, in company with Dr. Boesger, about two hours after the shooting had taken place. One bullet had entered just below and to the left of the lower extremities of the gladiolus, the other had entered the right temple at the lower anterior angle of the parietal bone. The woman was in a semi-comatose condition and had vomited several times; the right pupil widely dilated, the left normal; ptosis of right eyelid. An examination of the vomited matter showed no traces of blood. Nothing definite could be determined concerning the course of the bullet entering near the abdomen, and as there was no evidence of its having penetrated the stomach, and taking the size of the projectile into consideration, the indications for laparotomy were not present.

An examination of the cranial injury showed a perfora-

tion of the skull from which there had been abundant hemorrhage. The case seemed hopeless, but believing that if the hemorrhage could be arrested and *free drainage* established for whatever *detritus* or inflammatory products which might form, the patient would be given the advantage of a rational and now pretty well established treatment in such cases, with the consent and assistance of Dr. Boesger and Dr. Spaeth, I proceed to trephine the skull at a point bordering on the entrance of the bullet. After dissecting back the scalp the hemorrhage was so profuse from the bullet hole that I kept it plugged with my finger while operating. After the removal of the button and a few small spiculæ chipped off by the bullet from the inner table, I found that there was not sufficient space to allow me to catch the bleeding vessel—the middle meningeal. As quickly as possible I removed another button, but the blood welled up so profusely that I could not see its point of origin. By moving a pair of Pean forceps about under the cranium I at last succeeded in grasping the vessel and arresting the hemorrhage. The point that I had caught was so far under the bone that I could not tie it, and fearing to let go of it I allowed the forceps to remain attached. A tentative attempt was then made with a probe to detect the bullet, but not finding it the search was soon given up. Believing that *free drainage* of this brain wound, as of any other wound, was demanded, I inserted a drainage tube leading directly to the opening in the dura-mater. The flaps were closed with a continuous silk suture and sealed with iodoform collodion. The forceps were allowed to remain protruding from the same opening as the drainage tube. The wound and head were enveloped in bichloride gauze and cotton. This dressing was removed on the second day in order to detach the forceps. No fresh hemorrhage occurred and the wound was redressed. The patient's general condition improved slowly. The highest temperature reached was 100 3-5°. The dressings were removed from time to time and the sinus syringed out with a bichloride solution.

The flaps united by primary union, but a considerable discharge kept up through the drainage tube. The ptosis, as well as the dilatation of the right pupil, progressively disappeared. She complained considerably of headache and pain in the back of her neck, with occasional attacks of faintness. She was given hyoscyamus, ergot and bromides, and a laxative administered. Her recovery progressed favorably; the wound, after a long continued discharge from the opening, is entirely closed and the patient is able to sit up. It is now over eight weeks since the operation.

The number of cases here presented is, of course, too small to permit the drawing of any positive conclusions, but certain points may at least be commented upon. In each of these cases spiculæ were found pressing into, and in some places actually piercing, the dura-mater. This would seem to me to emphasize the necessity for trephining in all cases of fractured skulls, unless it be in very young children, for the brittle inner table is almost sure to crack off and irritate or pierce the meninges, rendering a later development of meningitis, or the formation of an abscess, highly probable.

I do not believe it is sufficient simply to raise those portions which by their sharp edges are threatening the dura-mater. They should be entirely removed, for otherwise we have no guarantee of safety.

I am well aware that there are many who emphasize the necessity of returning the button removed by the trephine, but in neither of these cases was the button returned, nor, so far as my observation went, was there any cause to regret it; certainly no hernia cerebri has thus far developed, and I did not have the possibility of the replaced bone getting out of place or acting as a foreign body to contend against.

In the second case, that of a depressed fracture in a boy aged seven, non-interference would have resulted necessarily in death, for, though an external examination simply showed depression, the operation revealed a badly

comminuted fracture with many spiculæ projecting into and perforating the meninges; and I cannot see how, without an operation, it would be possible in any depressed fracture, even where no cerebral symptoms immediately followed it, to say that there was no damage done to the brain or its membranes.

I believe that the recent teachings in brain surgery are sufficiently well established to lead to a much more frequent use of the trephine than has been the case heretofore, and that the fracture of the skull in which trephining is not indicated is indeed a rarity. It seems to me, too, that in these days of aseptic surgery, the old fear of injuring the membranes in the operation should be almost entirely abolished; especially since it, no doubt, deters many from performing an operation which, I believe, it eventually will be considered malpractice to neglect. In each of these cases, and in others which I have seen, the membranes were injured by the spiculæ of bone or intentionally incised by myself, yet in none did any bad symptom arise.

It seems hardly necessary to urge the necessity for operative interference in *all* cases of gunshot fractures of the skull; surely no portion of the body demands it more imperatively than does this bony and inelastic cavity. It is possible that we may be able to locate the bullet after enlarging the wound by trephining; but whether we do or not, we can, at least, establish a free opening and an unobstructed vent for the broken down brain tissue and inflammatory products which its presence is so liable to cause.

There is one point of interest to which I desire to call attention before closing, and that is, that in uniting the scalp wounds, I used no sutures in the first case, catgut in the second, and silk in the third. In each of these cases primary union was the result. This, I believe, can only be the result where the strictest asepsis or cleanliness is observed; and where such is the case, I am satisfied that it is a matter of perfect indifference as to what

material we use for suturing, or whether we use any at all; though I am convinced from other experience, that the *majority* of scalp wounds met with in general practice can, and should be, treated without *any* suture whatever.

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## PERITYPHLITIS AND ITS TREATMENT.

BY DUDLEY P. ALLEN, M.D., CLEVELAND, O.

Visiting Surgeon to Lakeside Hospital and Charity Hospital, Consulting  
Surgeon to St. Alexis Hospital of Cleveland, Ohio.

The papers and discussions which have recently appeared in the medical press concerning the treatment of perityphlitis would tend to leave the impression that it is not difficult to decide upon the course of treatment to be pursued in a given case. This presupposes, however, that a correct diagnosis is always possible. If the physician could be fairly certain that the symptoms in a given case are due to perityphlitis, knowing as we do that this condition depends almost always upon a diseased condition of the appendix vermiformis, he might with comparative ease decide upon the treatment. If I may mention my personal experience, however, it would lead me to believe that diagnosis of the presence or absence of this malady is frequently extremely difficult. Without being able to give the exact number, it is considerably within the limit to say that since the early operation of cases of perityphlitis has been under discussion, I have been called upon more than twenty times to decide as to the advisability of operating upon supposed cases of this sort.

For the purposes of this paper it will suffice to cite briefly from this number those which will best serve for illustration. This will present for consideration the varying conditions which may result from perityphlitis, and also conditions which may simulate the disease, but arise from other causes, having a different history.

Several cases have been characterized by pain in the region of the cæcum, tenderness, moderate tympanitis and

fever. No tumor or dullness on percussion could be discovered. After a varying length of time these symptoms have disappeared and the patient has wholly recovered. In one such case there were several repetitions of the above symptoms, each less severe than the first, and after a lapse of several years the patient continues to be well. Unfortunately, so favorable a result as the above is not always present, but cases of this sort are not uncommon, and they form a class which has been considered perityphlitis.

There is another class of cases in which, although suppuration takes place and considerable quantities of pus are formed, it is possible for recovery to occur. The result of the case depends upon the direction taken by the pus thus formed. Fortunately, this pus may sometimes be directed externally, and the disease be relieved in this manner. In other cases the pus is directed into the bowel, and is discharged per rectum.

I will cite a single case of this sort. On October 13, 1883, I was called into the country to see a patient supposed to be suffering from perityphlitis. I found the patient, a strong young man, with tenderness located especially in the cæcal region, considerable tympanitis, fever and considerable pain. I was unable to discover either resistance or dullness on percussion in the cæcal region. The patient was treated by the application of turpentine stupes to the abdomen and the administration of opiates. Later, I am told by his physician, the bowels were moved by the administration of calomel, followed by enemata. This afforded relief for the time. About two weeks later, after a restless night, the patient had a copious evacuation from the bowels, which was made up largely of pus. He had several similar discharges during the few days succeeding, and five days later, or a little less than three weeks from the beginning of the attack, he was rapidly approaching convalescence. These are the facts as stated to me by the physician in charge.

If there were a fair chance that cases of perityphlitis, attended with the formation of abscesses, would discharge

in this way, it might be well to await such a result, according to the principles which have formerly been followed in practice. Unfortunately, however, the pus which is formed in perityphlitis does not always direct itself toward the exterior or towards the gut, but breaks into the general cavity of the abdomen. When this takes place, the issue of the case is universally and rapidly fatal. The amount of pus, however, which may be formed in cases of perityphlitis which communicate with the general abdominal cavity, may vary very greatly. In some cases it is sufficient to invade and fill to a considerable extent the whole cavity of the abdomen. In others, the extent of the abdomen invaded is very slight, notwithstanding the fact that it is not shut off from the other portions of the abdomen by inflammatory adhesions.

It is unnecessary for me to cite cases in which the cavity of the abdomen has been invaded and filled with considerable amounts of pus as a result of perityphlitis, because all those familiar with the subject and with the autopsies which have followed the disease are conversant with the conditions there found, and have seen the suppuration invading all portions of the abdominal cavity. It may not, however, be uninteresting to illustrate the condition of inflammation mentioned, in which only a small portion of the abdomen is invaded. The case I cite is that of a young lady, living some thirty miles from the city, whom I saw in November, 1888. I was called to see her a few days after the beginning of her sickness. The history given me was that her attack began with a well marked chill, followed by fever and vomiting. The next morning she complained of severe pain in the region of the cæcum. This was also tender upon pressure. There followed rapidly a moderate tympanitis. When I saw the patient I found her with a moderate degree of fever, distended abdomen, tender upon pressure, but could discover neither induration or dullness upon percussion in the region of the cæcum. I decided not to operate at this time; but two days later, or five days after the beginning of the

attack, was called to see the case a second time. During these two days, although the local symptoms had not changed, it became apparent that the patient was losing ground, and that her only chance of relief lay in a surgical operation. Although I could find no tumor at this time, I decided to make an incision, and did so, making the opening over the region of the cæcum by a curved incision, with the convexity towards the anterior superior spinous process of the ilium. The incision was made extra-peritoneally, and the tissues under the cæcum loosened, the fingers being carried beneath the cæcum. By palpation, neither induration or fluctuation could be discovered. I was prevented from pushing the operation further because it was night; in the country, the facilities for operating were poor and the condition of the patient such that it seemed to me that to open the abdominal cavity and search for the cause of the disease would be to throw away her only remaining chance—because I believed that to do this would cause the speedy dissolution of the patient. I therefore closed the wound. The operation did not cause great depression, but the patient gradually failed and died three days later. The physician writes me that at the *post-mortem* examination he found the vermiform appendix soft, and the contents two grape seeds. Its extremity rested in the folds of the intestine and was surrounded by a few drops of pus. The general cavity of the abdomen, however, was not invaded, but the cæcum was found to be in an inflamed condition, portions of it approaching that of gangrene.

The peculiarity of this case seems to be that with local inflammation between the folds of the intestines, where the vermiform appendix rested, there should have been neither extensive inflammation, shutting off the cavity of the abdomen, nor, failing this, an invasion of the general abdominal cavity. Perhaps in this case, if at an early day the abdomen had been opened, and the vermiform appendix found and removed, the result might have been more favorable. It is doubtless in cases of this kind,

where the vermiform appendix, hanging into the abdominal cavity, becomes inflamed and perforated, that early operation is most urgently demanded.

In this connection I may cite a case which has been of much interest to many members of this society. It is that of a physician, Dr. F., who, previously in excellent health, was seized September 15, 1889, with slight abdominal pain. He said he had had similar attacks before, and considered it a simple case of colic. On the next day Dr. Straight was called to see the case and did not consider it as devoid of gravity. He found the pulse and temperature somewhat elevated, and that the pain was located more especially in the region of the cæcum. He was so much impressed with the case that he went to see it that night at eleven o'clock, and found the temperature creeping upward, and the pulse increasing in frequency.

On the morning of September 17 he asked me to see the patient in consultation, but I was unable to reach him until twelve o'clock, at noon. At this time I found the patient with anxious countenance, weak in voice, temperature  $101^{\circ}$  and pulse 120. The abdomen was tympanitic and considerably distended, and there was marked tenderness over the region of the cæcum. The patient was in a state of marked physical depression. The conditions seemed to me exceedingly grave, and I suggested that further advice be summoned at once, and that in the meantime a large enema be given. In the attempt to give this enema, the patient's pulse ran up to  $160^{\circ}$ , and his condition became such that it seemed wise to desist from further attempt in this direction. At 4:30 P. M. a consultation was held, with Drs. Straight, Cushing, Rosenwasser and myself. The condition of the patient was as above described, and on percussion there seemed to be a very slight dullness in the region of the cæcum. It was decided to operate at once, and at seven P. M., in the presence of the above-named gentlemen and Dr. Wolfenstein, I made a curved incision over the region of the cæcum. After cutting through the various layers of the

abdominal wall, on penetrating the peritoneum, a small quantity of purulent discharge escaped. This was slightly yellow and very thin. Opening the wound a little wider, I could see the point of perforation, but could not decide whether it was in the cæcum or the vermiform appendix: and it was with considerable difficulty that I was able to settle this point, and in so doing was compelled to separate the adhesions to a slight degree. Seeing that the opening was in the vermiform appendix, and that this was in a condition where I feared gangrene might occur, it seemed wise that it should be removed. The vermiform appendix was of large size, though not abnormally long, and was very much swollen. It was connected throughout more than half its length to the cæcum by a very short mesentery. This was stitched off by a cobbler's stitch, and the vermiform appendix was divided close to the cæcum, and the extremity of the stump was inverted by means of the Lembert suture.

On removing the appendix, it was found to contain a concretion about one-third of an inch in length and one-sixteenth of an inch in diameter, which I show you here, as well as the appendix itself. A section of the concretion shows its nucleus to be a seed. Drainage tubes were placed in the wound, it was thoroughly washed with boracic acid solution, and the wound was closed and dressed antiseptically. The patient stood the operation well, and on the next morning seemed slightly improved. His temperature at eleven o'clock the night before had fallen to  $99.7^{\circ}$  and his pulse to 120. He was kept under moderate doses of morphine in order to prevent peristaltic action and to avoid, if possible, infection of the abdominal cavity, which was feared on account of the breaking of some adhesions. He seemed to improve slightly during that day. During the succeeding night, however, his condition grew less favorable. He had passed no flatus, and the tympanitis continuing, he received dram doses of magnesii sulphatis during the night. These, however, were rejected and could not be continued. The tempera-

ture rose during the night, until at 7:45 A. M. it was 104.7° and the pulse 150. Having failed to secure a movement of the bowels with magnesia, and it seeming all-important that this be accomplished, oleum tiglii was administered in drop doses upon the tongue, until during that forenoon six or seven doses were administered. During the day the patient vomited frequently, and his condition became worse, the material vomited becoming strechoraceous. At one P. M. a large enema of water was given, but no defecation or gas followed. The patient was stimulated constantly, but died at one o'clock the next morning, three days after the operation.

This case brings up for consideration an interesting and very important point. In operations for perityphlitis is it wise to cease when the cavity containing the pus has been reached, and simply drain this cavity, or shall we persevere and remove the vermiform appendix? The arguments against the former procedure are that although temporary relief may be secured, the operation does not result in permanent cure, for the reason that we have a portion of the appendix which is perforated, and that permanent faecal fistula may result; or that the condition of the appendix, containing as it usually does a foreign body, is such that gangrene may result, and serious if not fatal consequences ensue. On the other hand, in some of these cases, even early in their history, in approaching the vermiform appendix by incision immediately over the site of the disease, there may be adhesions of the pus cavity to the parietal abdominal walls, and this cavity may be incised without the general abdominal cavity being invaded. If this could be done, and if experience would show that in such cases the tendency is toward recovery, and not toward secondary complications resulting from leaving the perforated appendix, this method of procedure would seem to be wiser, because with the infection which exists it must be a great advantage to avoid the opening of the general abdominal cavity. Opinions of surgeons with reference to this subject are at variance, and it will be only

after the accumulation of that experience which can be gained as the result of many cases, that the point can be decided; and I suspect that even then the surgeon must be guided by the indications met in each individual case.

In cases of long duration, where strong adhesions have been formed, these certainly should not be broken down, for the purpose of removing the appendix. There is a class of cases, however, in which there is little question as to the advisability of removing, if possible, the appendix. These are the cases in which no collection of pus has yet been formed, and the operation is undertaken at the time when the appendix may still be intact, though possibly in a gangrenous condition, and the infection be strictly local. In these cases I think there can be no doubt that the best procedure is to remove the appendix at once.

The best method of removing the appendix is not yet decided. Some hold that it is quite sufficient to ligate it as one does an artery, cut it off and disinfect the stump. Others have attempted after its division to invert the extremity of the portion remaining, by the Lembert suture. This, however, though theoretically the correct method, is extremely difficult of application where the vermiform appendix is thickened, and the calibre greatly reduced. The suggestion that the stump be covered with a portion of omentum or peritoneum secured elsewhere, has not yet been found in practice to be essential.

There is a class of cases where, immediately following the rupture of the vermiform appendix, or of the small abscess which may be formed at the point of perforation, the whole cavity of the abdomen becomes rapidly invaded. When this occurs, the propriety of clearing the whole abdomen of the purulent secretion is evident. These are the cases where the median operation and the complete cleansing of the entire abdominal cavity is the operation to be selected, because through the median incision the whole abdomen can be far more easily reached and cleansed than by means of any other incision.

Undoubtedly the correct procedure in such circumstances is that which is indicated in general purulent peritonitis, from whatever cause it may arise. The abdomen should be cleansed in every part; the intestines should be separated from each other; the whole cavity should be thoroughly flooded and washed with the greatest care by large quantities of boiled water, at a temperature of from  $100^{\circ}$  to  $105^{\circ}$ , or by boiled water containing ten grains of boracic acid to the ounce of water, or some other mild and non-irritating antiseptic solution. We speak of this solution because we have used it in various cases of this character with success and satisfaction.

This brings up the question as to the point of incision to be selected in cases of perityphlitis. Shall it be median, or over the region of the cæcum? If over the cæcum, shall it be a curved incision with the convexity outward, or shall it be vertical? All these incisions have been advocated. My own preference would be decidedly for the median incision, in cases where the peritonitis had become general, and for the lateral incision in cases where the inflammation was still local. It is my experience, however, that in some cases it is extremely difficult to decide whether the inflammation is local, or whether the general cavity of the abdomen has become involved; for in many cases the tympanitis, pain and tenderness are general, and a decision as to the exact limit of the inflammation may be impossible. In some cases where I have operated and have been uncertain as to the exact extent of the inflammation, although symptoms were present which are usually supposed to indicate invasion of the general cavity of the abdomen, I have found the inflammation to be confined strictly to the right side of the abdomen, and that the abscess formed had become entirely shut off from the general abdominal cavity.

A great deal has been said with reference to the location of the inflammation in perityphlitis, some claiming that it is usually extra-peritoneal, and others that it is universally intra-peritoneal. It seems certain that the

large number of cases must primarily be intra-peritoneal, from the fact that the vermiform appendix, as found normally in *post-mortems*, is usually within the cavity of the abdomen. The fact doubtless is that the inflammation becomes extra-peritoneal as a result of inflammatory adhesions, and the conservative effort on the part of nature to force outward the material formed by suppuration. I am convinced, however, that there are cases which are primarily extra-peritoneal, and to sustain this view I show you here a vermiform appendix which I removed from a case upon which I operated. The appendix in this case was between five and six inches in length, it being impossible to determine its exact length from the fact that the extremity was in a sloughing condition, and included in the cavity of the abscess. It may be interesting to describe this case in a few words:

The patient was a woman, thirty years of age, of excellent general health. In the spring of 1889 she had a severe bronchitis, which confined her to her bed from four to five weeks. This was followed by a swelling of the left leg, but from these she entirely recovered. On September 9, 1889, she complained of pain in the abdomen, which a day later she located in the right side. A tablespoonful of Carlsbad salts was administered and an evacuation followed. A day later a physician was called and four grains of calomel were administered, followed by an injection, and a movement of the bowels was secured. Without stating the case in detail it is sufficient to say that the patient grew gradually worse until September 19, when the temperature had risen to  $103.5^{\circ}$ . On the following day the temperature was  $104^{\circ}$ . At this time I saw the patient. She stated that she had had no chill, and there had been no vomiting, although there was some nausea; the abdomen was largely distended and tympanitic, and on the right side in the region of the cæcum I found dullness and resistance. The day before my examination there had been a soft dejection. That night, after I saw the patient, the temperature rose

to 105°. I advised an operation, and this was performed on the morning of September 21, in the presence of Drs. Herman and Karl Bock and Dr. Krause. During the previous night there had been several dejections, that morning the temperature had fallen to 103.5°, the patient had passed flatus and the tympanitis had considerably decreased. It was decided, however, to proceed with the operation, which was done under ether and with antiseptic precautions. An incision was made above and to the right of the cæcum. On penetrating the abdominal walls a cavity was opened from which was discharged fully two quarts of black, ichorous fluid, which contained masses of sloughing tissue. This cavity was opened and found to extend upward as far as the lower border of the ribs, and downward as far as Poupart's ligament. The cavity was thoroughly cleansed, and flooded with boracic acid solution, several large drainage tubes introduced, and the wound closed. The patient endured the operation well. That evening I visited her and found that her bowels had moved several times since the operation, that the tympanitis had markedly decreased, and the patient joked and was apparently much improved. The prospect for her recovery seemed bright. At this visit I changed the dressings and made everything clean. Toward midnight the patient complained of some pain, and at eleven o'clock her temperature had risen to 104°. Toward two o'clock, however, she felt better, and told the physician who remained with her that he could lie down in the next room and if she needed him she would call. He did so, but somewhat later noticed that she was breathing in a labored manner, and on going to her found her unconscious, and at three o'clock in the morning the patient died. The next noon at the necropsy, it was found that the cavity of the abscess had been thoroughly opened and drained, that notwithstanding the evidences of general peritonitis, the cavity of the abdomen had not been invaded at all, that the bowels although congested were not inflamed, and that the tympanitis was markedly

relieved. No abscesses were found in the liver, mesentery, kidneys or lungs. The heart was normal and contained no clots, and no cause of death could be found, unless it were that the patient died as the result of septic infection.

The location of the vermiform appendix in this case was very peculiar. From the inner aspect of the cæcum it wound around its lower extremity, and then extended along its posterior exterior aspect into the loin, where it seems that with its length of nearly six inches, its extremity, at least, must have been extra-peritoneal; certainly the ulcerated extremity was at a point which, according to the ordinary anatomical arrangement, was outside of the cavity of the abdomen. Another peculiarity of this vermiform appendix was that it was apparently as closely adherent throughout the greater part of its extent to the cæcum as are the longitudinal bands of the large intestine, and at first it was mistaken for one of these bands.

Another case which is somewhat similar in its location, had a more fortunate outcome. It was that of a patient, a sailor, twenty-one years of age. On September 6, 1889, he was taken with general abdominal pain, which was localized, later, on the right side. Dr. Edgar, surgeon of the U. S. S. S. Michigan, says that on September 19, he first noticed a slight swelling in the cæcal region, and gives the following history: The patient's pain started like a general colic, and little attention was paid to it for several days, until it had settled in the right side. When the pain had thus localized itself in the right side, it was first examined by the physician. There had been no constipation, the bowels moved every few days, nor had there been any chill. The doctor three times made exploratory aspirations, the last time being on September 24, but found no pus. I first saw the patient at Lakeside hospital, in connection with Dr. Powell, on September 28. He had been admitted to the hospital two days previously, at which

time his temperature was ranging from  $99^{\circ}$  to  $100^{\circ}$ . I found the abdomen only slightly distended, but extremely tense, and tender on pressure, it seeming very sensitive over its whole extent. In the region of the cæcum a slight fullness and fluctuation could be distinctly felt. An incision was decided upon, and I was asked by Dr. Powell to operate, which I did, under antiseptic precautions, cutting down directly upon the fluctuating point. About six ounces of thick, yellow pus were evacuated, and the cavity was explored by the finger, showing that it extended upward from two to three inches from the anterior superior process of the ilium, posteriorly about three inches along the upper border of the pelvis, and downward to Poupart's ligament. The cavity was flooded with a solution of boracic acid, drainage tubes were inserted, and the wound left open. The patient improved rapidly for one week. At that time he got up and made exertions, contrary to orders, and was seized with severe abdominal pain, and showed an increase of temperature, reaching to  $103^{\circ}$ . This gradually disappeared, however, and he is now approaching convalescence.

One point in this case demands attention. Aspiration was performed three separate times, but at no time was any pus obtained. At the time of the last aspiration, pus was undoubtedly present, but the cavity of the abscess was not reached by the exploratory needle. Although exploratory aspiration is advocated by many, in this case, at least, it failed to elicit any accurate knowledge as to the true conditions. In the case mentioned of a patient where the vermiform appendix was removed, I feel sure that aspiration, even if it had secured pus, would very likely have been accompanied by unfortunate results, from the fact that the intestine must have been penetrated one or more times before the abscess could have been reached; and although in some cases exploratory aspiration may secure valuable information, I am convinced that to depend upon it may be misleading in many cases.

There is one class of cases of perityphlitis which is

rarely spoken of, but of which I have seen three instances, one of which I will describe in a few words.

The case was that of a young man, aged 19 years, who was seized on April 20, 1889, with headache and vomiting. He was seen by a physician, Dr. Sihler, on April 21. He had no fever and made no special complaint except that he felt unwell in a general way, and had no appetite. On April 22 the patient had a temperature of  $102^{\circ}$ , and a pulse of 112, and on careful examination the doctor discovered a slight tenderness in the right iliac fossa. The day following, the patient seemed to feel a little better, and on April 24 the fever had entirely disappeared, although the local symptoms were about the same. That afternoon the patient had a chill, followed during the night by perspiration, and his temperature rose to  $102.5^{\circ}$ , and his pulse to 112. The chills were repeated on April 25 and 26, and on the twenty-seventh, at which time I saw the patient with Dr. Sihler. There was a slight tympanitis which, however, had not increased since he was first seen. The diagnosis of Dr. Sihler in the case was that of probable perityphlitis, but the indications for operation seemed absent. During this week the tympanitis increased, although the pain disappeared; the chills were repeated daily, and on some days more than once. At the end of two weeks well-marked jaundice appeared, and the patient gradually failed, dying on May 20. Dr. Sihler had made the diagnosis of secondary hepatic abscess, and his diagnosis was verified in every particular. The extremity of the vermiform appendix was in a sloughing condition. No foreign body was discovered. The mesentery was found in a phlegmonous condition, and abscesses were found in the liver. The spleen was much enlarged.

In another case of similar sort, which I saw in consultation with Drs. Frank Weed and W. J. Scott, the case was more than usually protracted, but no operation was performed. At the autopsy the vermiform appendix was found ulcerated, with very slight local disturbance, however, but the whole mesentery was greatly thickened, the

glands were much enlarged and filled with pus, and whereas the original disease was very limited, the general infection, through the lymphatic channels, was very wide-spread.

Another similar case has come under my observation.

With reference to inflammation in the region of the cæcum, though the *post-mortem* examinations may go to show that this results largely from a diseased condition of the vermiform appendix, I am by no means satisfied that this is always true clinically. A single case will illustrate my meaning. I was called some thirty miles to operate upon a case which presented every evidence of inflammation in this region, with induration, tenderness, extreme tympanitis and high fever. When I reached the case, there seemed to have been slight gain in the patient's condition from the preceding day. After careful consideration of the case, I decided not to operate. Several days later the patient had an evacuation, which contained a sharp spicule of bone about one inch long, pointed at one end and one-fourth inch wide at the other. After its passage the patient rapidly recovered. Certainly this case was not one of inflammation of the vermiform appendix. It seems probable that the spicule of bone was impacted at the ilio-cæcal valve, and caused the great inflammation in this region. In quite a number of cases, when there have been the symptoms usually looked upon as indicative of perityphlitis, I have seen the stools return, the inflammation disappear, and the patient recover without any discharge of pus by stool or externally. As a result, I have suspected that many cases commonly called perityphlitis were not perityphlitis at all, but inflammation or impaction of the cæcum itself, and that the vermiform appendix bore no part in the disease whatever. Is not the reason that so many cases examined on the *post-mortem* table are perityphlitis, rather than inflammation of the cæcum, due to the fact that the former are the cases which result fatally, while the cases of inflamed or impacted cæcum recover? A further evidence of this would seem to be, that cases examined at *post-mortems* show the hopelessness of most

cases of inflammation of the appendix without surgical interference, unless by some good chance adhesions form, preventing the escape of septic material into the abdominal cavity, and directing its discharge either externally, or into the bowel. That many cases recover without discharge of pus in any direction, is pretty good evidence that pus has not been formed, at any rate, not in any quantity.

The question fairly forces itself upon us, Are not cases of inflammation in the region of the cæcum, resulting in recovery, largely dependent upon inflammation of the cæcum itself, without the participation of the vermiform appendix, demanding medical rather than surgical treatment, and is not inflammation of the vermiform appendix one of the most dangerous of diseases, demanding positively surgical interference, and recovering, when it does so without surgery, more frequently as the result of good luck rather than good management?

It seems to me that these are the two conditions present, and if so, that it is of the greatest importance that we learn to diagnosticate between the two. For my own part, I am free to confess that the distinguishing points of differential diagnosis are still obscure.

We have now, however, learned enough of the pathology of inflammatory processes in the cæcal region, and their natural history, to make us extremely solicitous when such processes occur, and it will doubtless become possible, by more careful observation, to differentiate between the various varieties of disease.

Those processes which produce perforation of the bowel elsewhere, as tuberculosis or typhoid fever, rarely produce symptoms to be confounded with those attending perforation of the appendix; so that if there is evidence of perforation in this region, we will not go far astray in assuming it to be due to ulceration of the appendix. When we have learned to distinguish from this class of cases those due to sources of irritation and inflammation located within the cæcum, it will make the

course to be followed comparatively clear. Without question, modern surgery tends to the opinion that cases of perityphlitis with evidences of perforation should be operated, and that in order to secure the best results, such operations should be undertaken early. Unfortunately, too frequently the surgeon is asked to operate only after long delay, and when it becomes apparent that there is no other help for the patient. This delay often results in the loss of those which early operation would have saved.

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## CLINICAL NOTES ON REFRACTIVE CASES.

BY B. L. MILLIKIN, M.D., CLEVELAND, OHIO,

Ophthalmic and Aural Surgeon to Charity and St. Alexis Hospitals  
of Cleveland, Ohio.

Conclusions which are based upon the largest clinical experience become of the most value to the practicing physician in any line of medicine. He who has carefully observed any large class of cases of disease and who has studied them in detail throughout the course of their progress, must have acquired some definite information which is of interest to at least some members of his profession. The subject of refractive errors is not a new one, but as the physician comes year by year laden with new facts and new observations on the good old subjects of typhoid fever, diphtheria or tuberculosis, and tries to help his fellow-workers, so we think a few new data upon this subject, which is not without moment to the profession at large, as well as to the community in general, may possibly help someone solve some perplexing case, which has put him to his wit's end to know what to do next for the relief of his patient.

What I shall have to say upon refractive cases will be entirely from the clinical stand-point, and is based upon a series of cases which have been pretty closely observed and carefully worked out in my private practice, and of

which I have full and complete notes. The total number of cases of which I am thus able to make use is 576. I have taken the trouble to make out a somewhat complete tabulation of different varieties of the errors of refraction, which, on account of lack of time, is not here submitted. Briefly, of the 576 cases, 213, or nearly 37 per cent., were hypermetropic; 78, or 13 per cent., were myopic; 179, or 31 per cent., had hypermetropic astigmatism; 50, or nearly 9 per cent., had myopic astigmatism; 25, or about 4 per cent., had mixed astigmatism; 15, or nearly 3 per cent., had unusual forms of astigmatism; 12, or 2 per cent., had angles differing from one another in the two eyes, from  $45^{\circ}$  to  $90^{\circ}$ .

It thus seems that hypermetropia and hypermetropic astigmatism apparently vastly preponderate as refractive errors; and no doubt this is the case, taking the cases which consult the ophthalmologist; but we know from authors, that among adults myopia is the more common form of error. These cases, as a rule, suffer no discomfort, and their only inconvenience is in not being able to see well, and for this they are generally treated by the neighboring jeweler or optician.

The symptoms which characterize the errors of refraction of the hypermetropic or astigmatic varieties, and for which the physician and ophthalmic surgeon are consulted, may be divided into the local, or those affecting the eyeball and its appendages, and the remote or reflex. Under the head of local troubles we may enumerate inflammatory conditions of the lids, the cornea, and the retina. In this class we may have styes, recurring again and again, obstinate diseases of the borders of the lids with loss of the eyelashes, marginal blepharitis, conjunctivitis, recurring ulcers of the cornea and hyperæmias very closely simulating inflammatory infiltrations of the retina and disc—a neuro-retinitis. These conditions are very frequent as the secondary results, we might say, of hypermetropia and astigmatism. These inflammatory conditions are often very persistent, and I have

very frequently had patients who have suffered with repeated attacks of styes, marginal blepharitis with loss of lashes, relieved entirely by no other means than a full correction of the refractive errors. But no one will deny that other causes may exist for these various conditions, such as some constitutional dyscrasia; but it is well to be on one's guard in all protracted or recurring cases especially. So, too, I have notes on several cases who have for years had, at intervals, attacks of ulceration of the cornea, coming on from over-use of eyes suffering from astigmatism, which have been greatly relieved by correcting the refraction, and the tendency to recurrences abated. I have seen many times eyes in which one would say there was a neuro-retinitis from an ophthalmoscopic examination, did we not know how prone an astigmatism is to produce a hyperæmia of the retina, when the patient does much prolonged near work. These cases, almost without exception, clear up speedily under proper glasses. So much for these circulatory disturbances, as we may call them.

The second class of symptoms to which I wish to call your attention briefly, is pain in the eyeballs, about the eyes, headaches in the frontal, temporal and occipital regions, and even sickness at the stomach, with vomiting, dizziness, etc. Of the 576 cases, 139 had pain in the eyeballs as distinct from headaches or pain in the peri-orbital region, and no less than 294 cases had distinct histories of headache. In other words, pain in the eyes or head, upon prolonged near use of the eyes, was a distinctive feature of a vast majority of these cases, and excluding the cases of simple myopia, in which we do not generally look for pain as a symptom, we may lay it down as a rule that pain, after a prolonged use of the eyes for near work, indicates either hypermetropia or astigmatism. The character and history of these cases of pain in the head are so definite that we can very often diagnose a case as one either of hypermetropia or astigmatism without making any examination whatever. When a patient comes

to you with a history of pain coming on in the eyeballs, in the frontal or temporal region, often radiating to the occiput, after severe or prolonged use of the eyes for near work, which is relieved by rest or a night's sleep, you may be almost sure that the trouble is due to the eye strain. Many of the children of our public schools and colleges will tell you that during the school work they suffer more or less from headaches, that these headaches are usually more severe and more frequent towards the close of the term's work, or about examination time, and especially towards the close of the school year; that they are quite free from them in their vacations, especially the long vacations, and that as they grow older and study harder they suffer with more pain. Another but much less numerous class of cases will tell you that they have never suffered with their eyes in the least, but that while doing moderately hard work the eyes have suddenly given out, the page appears quite blurred when they attempt to read, and they can do no near work whatever, and now suffer very great pain upon the slightest attempt to use the eyes near by. These are cases of asthenopia, depending upon a sudden giving out of the muscle of accommodation from over-fatigue, due primarily, as a rule, to hypermetropia, and occurs mostly in children or younger persons. No doubt many of you have occasionally seen the fingers or the wrist of the musician who practices incessantly upon the piano or violin, give out in the same way from this undue exercise. Absolute rest of the eyes from all near work, with atropia to make the rest more certain, the correction of any refractive error, the building up of the general system if below par, will be the means of promoting a cure. The degree of the refractive error, so far as I have been able to judge, does not seem to bear any definite relation to the amount of pain or discomfort either in the eyeballs or head. Many of the most persistent and troublesome cases of neuralgic disturbance are found to depend on very slight refractive errors indeed; while other cases, with high astigmatic and hypermetropic errors, have suffered little or no

discomfort. Why this is so I am unable to state, unless it depends upon some peculiar personal nervous sensibility, which renders some patients especially susceptible to slight irritations. Not a few cases suffer from pain and headaches from a defect which, while not a refractive error, is corrected by means of glasses—I mean muscular insufficiencies—and these constitute a very important and often greatly suffering class of patients.

Time forbids my entering more at large into an examination of these cases, but I hope to be able, on some future occasion, to make a more careful analysis of the relations of muscular and refractive errors, to headaches, vertigo, etc. The visual disturbances do not bear any certain relation to the conditions which develop most pain, for many cases with perfectly acute vision may suffer most intense discomfort, and I am inclined to think the cases with only a moderate degree of astigmatism, in which distinct vision is not at all or slightly affected, are generally the most troublesome and productive of most headache. Because vision, therefore, even with tests, is perfectly normal in acuteness for distance, and the accommodation good near by, it is no proof that there may not be a latent astigmatism or hypermetropia, which is the basis of headaches and ocular discomfort.

Relief for the vast majority of these cases is certain and complete by the proper adaptation of glasses. The pain in the eyes, the headaches, the whole general nervous irritation, which is often almost unbearable, all disappear as if by magic, and work which heretofore surely has brought misery and distress becomes a source of much pleasure. I have, over and over again, had cases which have been treated for years for persistently recurring attacks of pain and headaches, supposed to be due to stomach or bilious disturbances, relieved entirely by the correction of an astigmatism or hypermetropia. I know of no way by which I can more forcibly illustrate some of the remarks I have already made, than by reporting as

briefly as possible two or three striking cases, of which I have full notes.

Case I. G. W. A., age 28, married, teacher of organ music, gives the following history: When a student in college never had any trouble with either eyes or headaches, but for about three years has complained of becoming "near-sighted," and of having headaches in frontal and occipital regions of head, very severe at times, always relieved by sleep. With the headaches has many peculiar and annoying nervous disturbances, and these symptoms have gradually increased, especially during the past few months. The nervous disturbances consisted in his being unable to look persons in the face when talking with them, and a dread of meeting people. In his teaching he would often be obliged to dismiss his pupils, go home, and shut himself up in a dark room and lie down, in order to get any comfort whatever. There was much photophobia, pain upon trying to read, etc. His trouble became so bad that he was obliged to give up half of his work, and his friends feared nervous prostration and even despaired of his mental soundness. He became pale, lost flesh and appetite, was restless and irritable; the least exertion or muscular exercise became irksome and excessively fatiguing. He did not suspect that he had anything more the matter with the eyes than a little near-sightedness. For two or three years he had been under the supervision of one of the most careful medical gentlemen in northern Ohio, who had prescribed rest and medicines, but seemingly to no purpose, and finally brought him to me for an examination of his eyes. The ophthalmoscope showed slight choroidal crescents to outer margins of both discs, a very moderate astigmatism, but fundus of either eye otherwise presented a very fair condition. I advised the use of atropia and carefully testing for any slight error there might be in the refraction. A week later he returned, after having used a 4-gr. solution of at. sulph. t. d., and reported that immediately upon beginning the use of the atropia, it seemed to him as if a great load had been

lifted from him, and the former marked disagreeable nervous symptoms had disappeared. The testing of the refraction gave the following result:

O. D.—0.50D. S.  $\odot$ —0.50D. cy. ax.  $140^{\circ}$   $V=6/6$ .

O. S.—1.00D. cy. ax.  $35^{\circ}$   $V=6/6$ .

This combination was ordered to be worn all the time, and the amount of near work was to be absolutely confined within the limits of what could be done with comfort. Two months later the patient returned, reporting himself almost free from headaches, except once or twice after over-working, the annoying nervous symptoms as having disappeared, and in the meantime he had gained no less than twenty-five pounds in weight. He has steadily improved ever since, and is now able to do any ordinary amount of work without fatigue or irritation. It seems almost incredible that so moderate an amount of astigmatism could produce such distressing nervous symptoms, but it is only one of the many examples which force us to the conclusion that the nervous functional disturbances in no wise depend upon the degree of astigmatism, but upon the kind.

It will be seen here that the two cylinders, while comparatively weak, are nearly at right angles to each other, a condition of things most liable to produce excessive nervous irritation.

The next case I submit is one in which there was a combination of simple hypermetropic astigmatism with muscular insufficiency.

Case II. Miss M. G. was referred to me by Dr. H. K. Cushing of Cleveland, for an ocular examination, and gave me the following history: For a number of years she has had trouble with her eyes, and after prolonged reading has suffered with severe headaches, beginning usually in the back of the head, but often in and about the eyes. The headaches have frequently been preceded by flashes of light, and have developed into a regular "sick headache," with nausea, vomiting, etc. About a year and a half before I saw her, she had an attack of

what she called "cerebro-spinal meningitis," with which she was laid up in bed for a number of weeks, and since then she has been more or less of an invalid. At the time of the examination she was pale, emaciated, very weak, and almost entirely confined to her room. A very little reading was sufficient to produce pain and headache. The ophthalmoscope showed no unusual or striking conditions, the discs being rather pale, as we might expect from her anæmic condition. Briefly, an examination under atropia gave an astigmatic refractive error of  $+0.50D$ . The examination with prisms, however, gave a vertical insufficiency of  $2^\circ$ , so that the following combination of glasses was ordered:

O. D.  $+0.50D$ . cy. ax.  $80^\circ \odot$  prism  $2^\circ$  base up.

O. S.  $+0.50D$ . cy. ax.  $95^\circ$ .

Shortly after beginning the use of these glasses she placed herself under the care of Dr. S. Weir Mitchell of Philadelphia, who put her on the "rest cure" treatment, and, under the supervision of Dr. DeSchweinitz, had her wear the above glasses constantly. The outcome of the case was most happy. Her general health was greatly improved, she gained twenty-five or thirty pounds in weight, her headaches disappeared almost entirely, and since her return home has been able to do any ordinary amount of near work with the glasses without discomfort. But the effort of trying to read without glasses immediately produces pain and discomfort.

The third case is one of pure muscular insufficiency.

Case III. H. Z., age 14, school-boy, has always complained of headaches and dizzy spells since he began going to school, the attacks coming on frequently, and always in the frontal region, often passing into regular "sick headaches," with vomiting, etc. Before coming to me, his father, thinking he was perhaps shamming, compelled him to sit by him and read until his head began to ache and he actually vomited. Examination of the eyes gives O. D.  $V=6/6$  (?) O. S.  $V=6/9$  (?) and the ophthalmoscope shows a choroidal ring all round the disc,

broadening out into a crescent to temporal side of right eye, and a choroidal ring all round the left disc, and both eyes emmetropic. Under atropia, both eyes were exactly emmetropic, and vision normal, but examination determined a vertical insufficiency of  $1^{\circ}$ , and a lateral insufficiency of  $1^{\circ}$ , so that the following glasses were prescribed:

O. D. prism  $1^{\circ}$  base up.

O. S. prism  $1^{\circ}$  base out.

With the use of these glasses for near work only, he has been able to continue his study with entire comfort, and the disappearance of all headache, unless he does very severe prolonged work, when his eyes begin to tire.

Of the 576 cases, 250 were examined under a mydriatic, atropia, duboisia, or homatropine, mostly the former. This I consider a very important matter, as in the great majority of cases of hypermetropia or astigmatism the absolute error of the refraction is concealed by a spasm of the muscle of accommodation, which renders it impossible to determine accurately the amount of the refractive error, or the exact angle of the astigmatic meridians. In the use of the mydriatic also a word of caution is necessary. I have had a number of cases who have suffered from the toxic effects of each of the three mydriatics above mentioned, so that it will always be wise to give specific directions as to the use of the medicine.

From a consideration of the material with which we have had to do, I think the following conclusions may fairly be made:

First. The refractive errors which are the cause of most discomfort are hypermetropia and astigmatism.

Second. These errors, together with muscular insufficiencies, are prolific sources of local inflammations as well as headaches, and sometimes of grave nervous disturbances.

Third. All cases of persistently recurring headaches, whether with or without visual disturbances, should be examined for ocular defects.

Fourth. The ophthalmic surgeon should, in all cases

suffering from severe pain in or about the eyes, examine for muscular insufficiency as well as for refractive errors.

Fifth. Much better and more satisfactory results will be obtained by making the examinations under complete mydriasis.

Sixth. The more or less constant wearing of properly adjusted glasses will, in the vast majority of cases, give relief to symptoms arising from refractive errors, and in many cases to those from muscular insufficiencies.

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## A CLEVELANDER IN NEW YORK.

BY S. W. KELLEY, M.D., CLEVELAND, OHIO.

In the lines which are to follow, upon a visit to the metropolis, I shall not afflict the readers of the *GAZETTE* with an account of the size and situation of her hospitals, which anyone can learn from a guide-book or from a cursory visit; with a description of operations witnessed or lectures heard, which are familiar to all; nor with allusions to the favors of the great ones bestowed upon the visitor, nor yet air a specialty. If this does not threaten too much of an innovation to warrant the reader in going any further, he will find here a few notes and general observations which may be of interest.

### MOTT MEMORIAL LIBRARY.

There are certain libraries in New York which the medical pilgrim will be sure to find and visit, if he starts out for the purpose; but this little library seems to be comparatively unfrequented and unknown; therefore, I mention it. It is located on the second floor of a modest, red brick building, No. 64 Madison avenue, near 27th street, and is freely accessible to medical men and students. It comprises about three thousand volumes of the library of the late Valentine Mott. Besides, in the same room are to be found the libraries of the late Isaac B. Wood, 347 volumes, and Bolton library of 189 volumes. The

room is opened any time by application to the janitress. It is well lighted and quiet for reading.

#### INSTRUCTING THE PEOPLE.

In the ferry waiting-rooms and similar public places near the wharf, are to be seen printed and displayed in a glazed frame, simple, plain rules for resuscitating persons taken from the water apparently drowned. When we hear about or occasionally see the injudicious though well-meant efforts of the uneducated for the restoration of persons taken from the water—such as rolling them over a barrel, pounding them in the ribs thirty or forty times a minute, with the idea of producing artificial respiration, pouring stimulants into their throats when they are unable to swallow—we appreciate the need of educating the people in the simple yet scientific principles of first aid. And this is a good way to do it. Such a set of rules should be displayed everywhere there is a harbor, or people are wont to go about deep water. It would be a good idea for Cleveland, and is respectfully suggested to our board of health.

#### CARING FOR CHILDREN.

The Society for the Prevention of Cruelty to Children is doing a great deal of good in the city of New York. It has been in existence only about fifteen years, but the cases upon its records are numbered by thousands, involving the care and custody of over one hundred thousand children who have been rescued, relieved, protected and provided for. In round numbers, its average year's work now is the investigation of nearly six thousand complaints, with prosecution of about two thousand cases, nineteen hundred of which result in convictions. The society interferes not merely in cases of personal violence, cruel punishment, or outrage upon girls, but of neglect, failure to provide, overwork, exposure to bad moral surroundings, homelessness and destitution, selling liquor and firearms to minors, compelling children to

beg, etc., etc. The offices, 23rd street, corner 4th avenue, contain quite a museum of clubs, whips, broom-handles, fiddles, tambourines, bells, pistols, bottles, knives, ropes and straps, "I am blind" cards, and what-not. Every article is properly labeled, and bears a number referring to the records of the society, which are carefully kept by a corps of clerks. Eight officers who have police powers are employed to investigate the complaints which are constantly being sent in by citizens, physicians and friends.

In Cleveland we have no society devoted exclusively to the prevention of cruelty to children; the Cleveland Humane Society makes this a part of its work, and it has done much good. We have not, of course, the number of cases they have in New York, but we have too many. Physicians are often the first to know of the case, and generously do in a professional way whatever is needed. I think we ought oftener than we do, take a further interest; at least, enough to put them in the hands of the society. This is easily done; notify the society at 24 City hall or telephone 2191.

#### CONSERVATISM WANTED.

Seeing many operations and hearing many teachers in close succession enables one to estimate the status of the profession and gain an impression of the tendency of the times. One point came to my notice so repeatedly (I had observed the same to some degree at home) that I became convinced of the truth of the impression, namely, that the facility which antiseptics afford to operative surgery leads to a good deal of useless surgery. Old methods of diagnosis are neglected because an exploratory operation with aseptic and antiseptic precautions is so easy and so safe. I do not mean to depreciate the value of exploratory operation, nor deny it proper place, but where a diagnosis can be satisfactorily made by other established methods of examination, it is not proper to ignore those methods and proceed at once to explore with the knife. This, I

think, is frequently done. And it is a pity if the advancement of antiseptic surgery should lead us to lose ground in diagnostic skill. I get the impression, too, that conservative means of treatment, which would often prove quite as efficacious as the operative, are thought of last instead of first by many surgeons of the present day. I do not believe this loss in professional advancement, which has grown out of the enthusiasm over antiseptics, is going to be a permanent one; for I expect to hear within the next five years a great deal more than we have of late about conservative surgery.

#### ARE NEW YORK'S PHYSICIANS SUPERIOR TO OURS?

Many persons throughout the country, as well as in New York, would have us think that they are superior to the practitioners throughout the country. With all the fairness I could command, I compared the medical men of New York as I saw them with the medical men of Cleveland as I know them, and I am prouder of the Cleveland profession than ever before. Notwithstanding the prevalent impression, I offer the opinion that we have just as good talent and skill in Cleveland as is found in New York city. I believe we have represented in Cleveland the professional knowledge and practical skill, with the sagacity and courtesy which make the ideal medical man, which New York can scarcely equal to-day. If I lived at a point midway between the two places, and needed advice or operation, I would go to Cleveland in preference to New York.

There are two things, however, in which we ought to take a lesson from our brethren of the great metropolis. They are our superiors in *esprit de corps* and in literary work. They have some notable examples among them where, by uniting and supporting each other, they have built themselves up in reputation and practice. By their organizations they have held together better than we. Then, again, by their pens they have given more to the profession. They have extensive reputation because

they have written books, essays, *brochures*, reports of cases, articles for the medical journals, and made their names and their deeds known all over the country. Are not these points worthy of emulation?

#### WHERE TO GO TO STUDY.

Now a few words on the advantages of Cleveland for the medical student as compared with those of New York. By medical student I mean the man who studies medicine, no matter whether he has yet graduated or has practiced for ten or twenty years.

I am going to make another statement that will raise, and perhaps corrugate, the eyebrows of nine-tenths of those who have enjoyed the eclat of having studied at New York, either before or after graduation. Cleveland is just as good, and in some respects, a better place to study medicine than New York. "What!" they will say; "Look at New York's hospitals, and schools, and clinics, and clinical material, and all that!" Certainly, look at them! How many of them can you look at at one time? Tell me how many hours in the day and how many days in the week you want to study. Cleveland now has hospitals, schools, and clinics and clinical material sufficient to fill up the time and the mind of any man who comes here to study, no matter what his capacity. That's another way to look at it; more than a certain amount the student cannot use. That amount in plenty Cleveland can furnish, even to the much-talked-of clinical material. A city of a quarter of a million of inhabitants, with a thickly settled surrounding country, never fails to furnish plenty of clinical material, and that is now being utilized for teaching purposes. I think it time that Cleveland, as a medical centre, took her "light from under the bushel."

Very few of those who go abroad to study know what is going on at home. Some would go away any way. Because, you know, it is more the fashion to go to New York, and it gives a man more of a reputation with his

medical neighbors and his patrons. It's the next biggest thing to going to Europe.

I questioned, on this point, some of the honest fellows studying in New York. "Now, doctor, tell me truly, if it was not for the reputation you expect to enjoy when you return from here to your practice; if it was solely and only for what actual knowledge and skill you expect to gain, would you have come here to study this winter?" Half of them acknowledged that they would not. I suspected the other half.

So, you see, Cleveland must not only have the facilities, but she must let it be known that she has them. Then it will get to be the fashion, and students will crowd to Cleveland. That will be before many years. And when they crowd here there will not be as good a time for the individual student as now, when classes are small, compared with the over-crowded classes of these eastern schools. That's one point where Cleveland has the advantage to-day—she has all the facilities enjoyed by a fewer number of students.

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## CORRESPONDENCE.

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### LETTER FROM PARIS, FRANCE.

Note from the Laboratory for Bacteriology of Professor Cornil, College of Medicine, Paris, France. The method used in the laboratory for staining material coughed or spit up by patients with phthisis pulmonalis, for detection of tubercle bacillus, as given by Dr. Vidal:

Spread out the sputum in a very thin layer upon a cover-glass; dry it in the air, then pass three times in the flame of a spirit-lamp or of a Bunsen burner. Then place it in a red staining fluid which is prepared at once in the following manner:

First, place in a test tube five or six cubic centimetres of water; add to it four or five drops of oil of aniline; make it boil; turn it into a watch-glass and add ten or fifteen drops of an alcoholic saturated solution of fuchsine rubine (red fuchsine).

Place the cover-glass in this liquid for ten minutes; then place it in Fraenkel's fluid during one minute. Wash the cover-glass in water; dry it with a current of air (made with a large rubber bulb). Then mount with Canada balsam. The microbes of tuberculosis are in red; all the rest is blue.

The Fraenkel's fluid is made as follows:

|                            |          |
|----------------------------|----------|
| Water . . . . .            | 30 parts |
| Ordinary alcohol . . . . . | 50 parts |
| Nitric acid pure . . . . . | 20 parts |

And add as much as it will dissolve of methylene-blue, insensible to potash.

For sections:

Place the sections during a half hour in Ziehl's staining fluid. At the end of this time, place them directly in water containing nitric acid—five parts of water to one part of acid. Leave the sections in this during one minute. Place them then in absolute alcohol, until the alcohol does not remove any more of the coloring matter.

Then place them in essence of cloves, then place on glass slide, remove the excess of oil of cloves, add a little Canada balsam, and a cover-glass.

The bacilli of tuberculosis are bright red, the tissue is of a pale rose color.

The staining fluid of Ziehl is made thus:

|                                |                   |
|--------------------------------|-------------------|
| Acid phenique (carbolic) . . . | five parts        |
| Water . . . . .                | one hundred parts |
| Fuchsine rubine (red) . . . .  | one part          |

If necessary add a little alcohol to cause solution.

Paris, October 15.

I. N. HIMES.

# The Cleveland Medical Gazette.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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ONE DOLLAR PER ANNUM IN ADVANCE.

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Vol. V. begins with November, 1889. Subscriptions can begin at any time. REMITTANCE OF MONEY.—All money should be sent by P. O. Order, Postal Note or Registered letter, addressed to the CLEVELAND MEDICAL GAZETTE, 143 Euclid Avenue, Cleveland, Ohio. In no case should money be sent by check, except on New York or this city.

Original Communications, reports of cases and local news of general medical interest are solicited. All communications should be accompanied by the name of the writer, not necessarily for publication.

All letters and communications should be addressed to the CLEVELAND MEDICAL GAZETTE, No. 143 Euclid Avenue, CLEVELAND, OHIO.

Changes for advertisements must reach us not later than the second week of the month to be corrected in current number, addressed to W. N. GATES, Manager Advertising Department, 10 Public Square.

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EDITED BY A. R. BAKER, M.D., AND S. W. KELLEY, M.D.

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## EDITORIAL.

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### A FEW WORDS WITH OUR CONTRIBUTORS.

It will require but a glance at our list of contributors to the MEDICAL GAZETTE, published in the October number, to convince anyone that this journal contains a larger amount of original matter than any other of its class, and even exceeds that of many much more pretentious medical periodicals. During the past year, about sixty original articles have been published in the GAZETTE by about fifty different authors. This is slightly in excess of what has been done in previous years, but is a fair sample of each year's original contributions to medical literature since the GAZETTE was first published.

We believe that we have in a great measure accomplished the purpose stated in our first issue, "of publishing a *live, local* medical journal, which would serve to stimulate the local profession to do more and better original work."

We regret exceedingly that we have been obliged, for various reasons, to return many papers, some of which were excellent, but fell in that class which the editor is obliged to return as "unavailable."

An author was once heard to say, "I would not send a manuscript to an editor unless I was sure of its acceptance." Commenting on this remark, a writer in the *Journalist* says, "Now this is an unsafe position for those who wish to appear in print. The number of writers who have been so successful as to make their name alone valuable in an editor's eyes, is extremely small, so small that they may be said not to exist. There are so many reasons for the rejection of manuscripts apart from their intrinsic merit, that an outsider cannot possibly comprehend the situation; and everyone not the editor is an outsider. You may have been an editor yourself, but that will not help you to fathom the position of any particular publication. Your paper may be excellent, but it may be too long or too short, or the editor may have so much of the same kind of matter in his pigeon-holes, that he cannot, in justice to the welfare of his publication, accept anything more at the time. The secrets of the office store-house are not to be told; his only course is to return the manuscript with thanks, as 'unavailable.'"

An editor has been called an autocrat, but if he is not he is unfit for the position. He may be the meekest man in the world in private life, but as an editor he must be determined and dictatorial. He stands on the top of a hill, as it were, and looks all ways at once. He knows the past and present of his paper, and what its future should be; he knows, too, what elements have been the most successful, and what has had the most influence with the largest number of readers, and the preferences of the few must be sacrificed to the general welfare of the many.

If writers would read and study the character of periodicals to which they send contributions they would meet with fewer disappointments. Some of the kindest

letters we have ever received have been from authors whose manuscripts we have returned as "unavailable," but suggested some periodical for which we thought the article would be suitable, in which, in due time, it appeared.

It has been the policy of the editors of the *GAZETTE*, other things being equal, to give preference to local physicians, although one-half of all the articles published during the past year were written by physicians outside of Cleveland.

Medical writers ought to pay more attention to the purely literary part of their work. It is true there is a place in medical literature for the 'Index Medicus,' 'Schmidt's Jarbucher,' or 'Dungleson's Dictionary,' but it requires considerable mental discipline to read the dictionary continuously, and many of the text-books, and articles which are now being published in the medical journals are of about the same literary merit. The contrast between 'Watson's Theory and Practice of Medicine,' or 'Trousseau on Clinical Medicine,' and that of much of the modern medical literature, is as great as that between the charming style of Irving and that of the dime novel.

If the physician has an original idea, operation, instrument, method of treating disease, or suggestion of value to make to the profession, he may be sure that the editors of medical journals are always pleased to hear from him, and no matter how ungrammatical his sentences, how obscure his ideas, if there be but a germ of truth in his communication, he will find some editor willing to make such corrections as will make his communication intelligible, often rewriting the article entirely, so that the contributor would scarcely recognize it as his own. But how much better it would be if the author would devote enough of his time to the subject to make it intelligible and attractive without the revision of the editor, who may misconstrue the meaning of the writer, and, owing to the pressure of other duties, must always do his work hastily, and often unsatisfactorily to himself.

One of the frequent faults of contributors to medical

journals is that they make their articles too long. Other things being equal, five physicians will read a short article where one will read a long one; although if the long one be well and the short one poorly written, the reverse might be true.

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## AMONG OUR EXCHANGES.

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DR. MARTIN RIVELY of Philadelphia, Pennsylvania, maintains that the taper of the conical sound, in ordinary use, is too long (Times and Register, September 28, 1889). He uses a steel sound which reaches its full size half an inch from the end, so that, in dilating a stricture, the surgeon need introduce the instrument but half an inch beyond the actual site of the lesion. This form of instrument requires a little more patience to introduce, but DR. RIVELY claims that this is more than counterbalanced by the fact that strictures in the anterior portion of the urethra can be kept fully dilated without passing into the deep urethra with the sound, thus avoiding much of the risk of urethral fever and epidymitis.

DR. SENN dusts *bone cavities* with iodoform (Am. Jour. Med. Sci., September, 1889) after thoroughly disinfecting them, packs them with antiseptic decalcified bone chips, also dusted with iodoform, and claims, as a result, the rapid healing of the cavity after one or two dressings, with restored continuity of the bone. After trephining, he implants an antiseptic decalcified bone plate, perforated to facilitate drainage and to allow granulations to penetrate it easily. This promptly arrests hemorrhage and promotes a reproduction of bone from the edges of the opening.

*Ozæna* is treated by DR. SIDLO of Vienna in the following manner: He washes out the nasal cavity with a two per cent. solution of chloride potassium to which ten per cent. of glycerine has been added; then inserts rolls of

cotton soaked in a mixture of one part of glycerine to three parts of water, the rolls being left in place for an hour. Some weeks are required for a cure (Med. and Surg. Reporter).

For *tape-worm* DR. DUCHESNE recommends:

|                     |              |
|---------------------|--------------|
| Eth. Ex. male fern, | 3ii.         |
| Calomel,            | grs. xii.—m. |

Make 16 capsules.

S. Two capsules every 10 minutes until all are taken.

For children he modifies the mixture thus:

|  |          |
|--|----------|
| Eth. Ext. male fern,                                     | 3i.      |
| Calomel,   | grs. vi. |
| Sugar,   | 3ii.     |
| Gelatin, q. s., to make a jelly of ordinary consistence, | —————m   |

The above is calculated for a child of five years. It goes without saying that a 12 hours' fast should precede the administration of the remedy. When the worm appears at the anus, an enema of salt-water should be taken, and the patient should sit over a vessel of warm water so as to float the worm and prevent its breaking of its own weight (Weekly Med. Review).

*Colic* of a pure biliary nature, due to the presence of *gall-stone* or of hardened bile in the biliary ducts, is promptly relieved, according to DR. JOHN V. SHOEMAKER of Philadelphia, Pennsylvania, by *dioscorea villosa* (wild yam), thirty to sixty drops of the tincture every half hour. The wild yam is an indigenous plant, growing in thickets from New England to Wisconsin and common southward. It has been for thirty years or more used for this purpose by the Eclectics (Med. Standard).

DR. TRUDEAU of the Saranac Lake, New York, sanitarium for consumptives, publishes his results with the *hot air treatment in phthisis* (Med. News, September 28, 1889). He concludes that "the therapeutic value of hot air in phthisis is doubtful," and that "the evidence obtained by the bacteriological study of the cases presented does not

confirm the assumption that inhalations of hot air can either prevent the growth of the tubercle bacillus in the lungs of living individuals or diminish the virulence of this microbe when it has gained access to them."

"Open Air Travel as a Curer and Preventer of *Consumption*," is the title of an interesting record by DR. HENRY I. BOWDITCH (Med. News, September 28, 1889), of the journey through New England and eastern New York made in a buggy by his father in the early part of the autumn of 1808. When he started out he had "cough, hemoptysis, anorexia, diarrhoea and general malaise, with fever and great debility." He began to feel better at the end of the second day's journey, and after twelve days he recorded, "I have a little pain in my breast, but my appetite and general health are good." By the end of his journey of 748 miles, he had become a well man. DR. BOWDITCH suggests that it were better to recommend such patients an open air journey in the region about home, rather than to send them thousands of miles off in ill-ventilated cars to an entirely different climate."

For a year past DR. RENNERT of Frankfort on the Main, has been treating *diphtheria* by wiping off the membrane with a cotton pledget saturated with LAPLACE'S acid sublimate solution, and then mopping the site of the membrane with the solution. He then swabs the entire pharynx with the solution. The treatment is repeated in from six to twelve hours. He reports sixty-two cases so treated, without a death. The solution is as follows:

Hydrarg. Chlorid. Corrosiv, . . grs. vii ss.

Acid Tartaric, . . . . . grs. xxxvii ss.

Aquæ, . . . . . Oj.—m.

Obstinate cases of *sciatica* and other neuralgias are successfully treated by hypodermatic injections of theine, in doses of one quarter to one-half grain (Weekly Med. Review, August 31, 1889). DR. J. K. BAUDUY of St. Louis, Missouri, asserts with regard to this drug: "It certainly produces more permanent effects . . . without

superinducing any unpleasant or even noticeable systemic manifestations than any other remedy with which I am acquainted."

Lanolin, two and one-half parts, and *sapo. kalin.*, two parts, form an excellent excipient for boracic acid, tar, white precipitate, etc., when it is desired to use these remedies in the treatment of inveterate infiltrated eczemas or parasitic diseases of the skin or hair follicles. Lanolin, two parts; *cer. flav.*, two parts; *ol. olivae*, one part, form a perfectly neutral adhesive paste which, medicated with zinc oxid., boracic acid, tar, etc., forms an excellent dressing where the ordinary ointments rub off too easily, as in eczema of the face in children (*Therapeut. Monatshefte*).

Diphtheria is as fatal a disease as cholera, only we are used to diphtheria, and so don't get into a panic about it. In Japan, where the two diseases occur side by side (*Sei-i-kwai*, June, 1889), the death-rate from each is 56 per cent.

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## NEW BOOKS.

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'OUTLINES OF THE HISTORY OF MEDICINE, AND THE MEDICAL PROFESSION,'  
By Joh. Hermann Baas, M.D. Translated, and in conjunction with the Author,  
Revised and Enlarged, by H. E. Handerson, A.M., M.D., Cleveland, Ohio.  
J. H. Vail & Co., New York, 1889.

We are indebted almost exclusively to the Germans and the French for our knowledge of the history of medicine. It is somewhat remarkable that no exhaustive work on this subject has ever been written by an English author; and this is the first of the numerous works by German writers that has been translated into the English language.

It is with considerable local pride that we announce the appearance of this work of 1,173 large, closely printed pages, translated by a Cleveland physician; but the task which Dr. Handerson has performed has not only been that of translating this excellent work, for there is scarcely

a page in which he has not made additions, either to the text itself or in foot-notes. This is especially true of the sections of the original work on English, and particularly on American medicine, which have been very largely expanded by the translator; so that this part of the book is by far the most satisfactory history of American medicine yet published. The book as it now appears in English, is fully one-third larger than the German edition.

The author's plan has been to consider first the genetic side of the subject, introducing for this purpose a sketch of pre-historic medicine; and next, to set forth the history of the medical profession in considerable detail. In both departments he has striven to present the subject in such a manner as to awaken and maintain the interest of the reader, and in this he has succeeded admirably. The only objection to the work in this particular, is that the physician who has access to it will remain up at night reading, thus sacrificing too many hours of his needed rest.

We have no doubt but that the work has faults, but if so, our interest in reading it was such that we did not see them. We are scarcely able to say in what its peculiar charms lie; one of them is the short biographical sketches of over five thousand eminent physicians, which are interwoven into the text with historical information, anecdote, personal peculiarities, hobbies and social surroundings, so as to make an interesting narrative. Another is the side lights which are thrown upon the institutions and customs of ancient peoples. The work cannot fail to be of great interest to non-professional students of history. It would be difficult to find a work where so much may be learned of the church, the state, the family and the social customs and habits of the inhabitants of ancient Egypt, Babylonia and Syria. The portion devoted to the middle ages is especially valuable in this particular. Another part of the work which is of great interest, is that devoted to the epidemics and diseases that arose during the last half of the middle ages, More than two hundred pages of the work are devoted to

the medicine of the nineteenth century, discussing the lives, doctrines, etc., of many eminent physicians and teachers still living. But it would transgress upon the limits of this article to attempt an exhaustive review of its entire contents.

It is a volume that should be in the library of every physician, and one that will be read with pleasure, and at the same time prove to be an excellent work of reference. The chronological list of names of prominent physicians and authors is worth many times the price of the book.

The *Gazette Medicale de Strasbourgh* says of this work :

“ We do not find here that mass of citations, notes, etc., which often renders reading painful. On the contrary, there is not a page where the reader is not incited to good humor. The author cites anecdotes, and frequently makes useful, entertaining and piquant comparisons between the medicine of the past and that of our own day. Let no one, however, think that this work is deficient in the thoughts of lofty philosophy. On the contrary, for Baas, the history of medicine is in intimate correlation with the general history of civilization. . . . Another characteristic of the work is that it includes the history of the medical profession (*des heilenden Standes*). In each epoch the author traces for us a striking and spirited picture of the material side of our art, its rewards and its petty miseries. . . . The study of the history of medicine is generally neglected, in spite of the interest and advantages which it offers. The present work ought to be welcomed by those of our confrères who desire to occupy their leisure moments in a manner at once useful and agreeable.”

‘HYPNOTISM. ITS HISTORY AND DEVELOPMENT.’ By Fredrik Bjornstrom, M.D., Head Physician of the Stockholm Hospital, Professor of Psychiatry, late Royal Swedish Medical Councilor. Authorized translation from the Second Swedish Edition by Baron Nils Posse, M. G., Director of the Boston School of Gymnastics. Paper, 30 cents. The Humboldt Publishing Co., 28 Lafayette Place, New York.

This is a timely book. Last August over one hundred and fifty “Savants” met in Paris to discuss the progress

and development of the mysterious agency known as "Hypnotism," and as a result of their deliberations the subject has entered the domain of Science, and evidently has come to stay. The author of the present work is well qualified to write on the subject—none better—and we bespeak for the work, which is specially translated for the Humboldt Library of Science, an immediate success.

'TENSION IN SURGICAL PRACTICE, INFLAMMATION OF BONE, AND CRANIAL AND INTRACRANIAL INJURIES. By Thomas Bryant, F.R.C.S.

Tension is a subject with which practical surgeons have long been familiar, and although its importance has been recognized and used in several senses, there is little or no literature relating to it. In the 82 pages which Dr. Thomas Bryant's interesting lectures occupy in the July issue of Wood's Medical and Surgical Monographs, the different causes and effects of tension are considered from a clinical point of view, with reference to its bearing upon the diagnosis and treatment of surgical disease. In the course of his first lecture he mentions as his conclusions drawn from the consideration of tension associated with other conditions: that tension has a wide pervading influence in clinical surgery, as well as a decidedly marked effect upon the progress of disease; that it is the product of many causes, and that these, for clinical purposes, may be conveniently divided into the inflammatory and non-inflammatory; that it stands foremost among the causes of pain, and in inflammatory affections it is probably the chief pain factor; that where the causes are not inflammatory, the tension to which they give rise will, if maintained for any time at a low level, or rapidly rising to a high level, excite inflammation in the tissues affected; that, where the cause is inflammation, the tendency of tension is to keep up or intensify the inflammatory action, and strongly to encourage its destructive influences; that tension in every degree has a destructive tendency, and the rapidity of the destructive process has a direct relation to the acuteness of the tension; that, as in wounds, the slightest degree of tension is injurious, so, in their

treatment, the use of the drainage tube, or due provision for complete drainage, is a point of such primary importance as to relegate to a secondary position the mode and character of the dressing which is employed, since a want of attention to the efficient drainage of a wound under every form of dressing is followed by the same result; and further, states that if these conclusions be true, and he is satisfied that in the main they are, two others ask for expression, the first being the value of local pain as a clinical sign of tension and an indication for local treatment; and the second, the expediency, if not necessity, of relieving tension as speedily as possible under all circumstances. In concluding this division of his subject, he makes the interesting statement that if he were to test the value of the practical principle by his own personal experience, he would place it very high, for he assures us that he has for years acted upon it and not found it wanting. To carry it out fully, however, he says we must return to employ former lines of treatment more frequently than we do, the practice of leeching in local and comparatively superficial inflammation, and of puncturing, incising, drilling and trephining, in bony and subfacial inflammations; and that these means should be employed early in every case.

His second lecture is upon the Effects of Tension, as Illustrated in Inflammation of Bone and Its Treatment, and the third, on Cranial and Intracranial Injuries, not unnaturally follows the previous lectures, and presents considerations upon a subject which is neither sufficiently recognized nor generally taught. The whole series comprises one of the most valuable works included in the "Monographs," and should be of great interest, not only to surgeons, but to practitioners generally.

'CANCER AND CANCEROUS DISEASE.' By Sir Spencer Wells, Bart., F.R.C.S.

When Mr. John Thomas Morton established the course of lectures which bears his name, he probably did so with the intention that it should afford an opportunity for direct-

ing trained minds to special consideration of the subject of Cancer and Cancerous Diseases, with the hope that it might produce some practical result, "perhaps even to the finding of a method for the prevention or cure of these diseases." The eminent gentlemen who have taken part in the effort by delivering addresses on the chosen subject are among the most celebrated and able representatives of medicine and surgery. Sir Spencer Wells, in delivering the lecture for 1888, before the Royal College of Surgeons of England, which lecture forms the initial work in the July issue of Wood's Medical and Surgical Monographs, after offering statistics substantiating the statement that, notwithstanding the great advance in sanitary science and the prolongation of the average length of human life, in spite of the shortening of the duration and the lowering of the mortality in some diseases, the prevention, almost the stamping out of others, cancerous diseases, so far from being less prevalent or less fatal, are increasing. This fact prompts him to ask, "Can the increase be checked? What are our duties as surgeons in relation to these diseases in general, and to their surgical treatment when different organs or parts of the body are attacked by them?" He then reviews the present understanding regarding malignant tumors, dismissing the bacillus theory as unnecessary and approaching the subject from the purely surgical standpoint, discusses the question as to whether a cancerous growth alone, or the whole of the part or organ which it has invaded, should be removed; and expresses a belief that the time has come when some general rule or principle of treatment should be agreed upon. He explains the methods of so-called cancer curers, and deplors the harm they do through raising unfulfilled hopes. His descriptions of his methods of operating surgically are interesting and instructive. In conclusion, he expresses the belief that if readers of his lecture will try to find out the cause of the increase, and why cancerous diseases are so prevalent and so fatal, if they will also try to learn how to prevent or to cure them, no one can forecast the result.

'CARDIAC DYSPNŒA AND CARDIAC ASTHMA.' By Prof. Dr. S. von Basch.

Cardiac Dyspnœa and Asthma are conditions that frequently confront the physician in general practice, but the current opinions with regard to their mode of origin have been very vague and unsatisfactory, and often directly opposed to evident facts. In ninety-six pages of the July issue of Wood's Medical and Surgical Monographs, Dr. Basch attempts to reconcile the data of clinical medicine with the teachings of experiment, and has succeeded in formulating a new doctrine. This affords the basis for important contributions to the treatment of dyspnœa and asthma, conditions in which Dr. Basch has had large experience while practicing at Marienbad, the celebrated Bohemian spa. The remarks on the treatment of obesity as a cause of dyspnœa are timely as a protest against the overdoing in this direction which is so prevalent at the present time, and should meet with the approval of every conservative physician. No one can rise from the perusal of this interesting *brochure* without a broader knowledge of the subject under discussion and a more assured method of treatment.

'ELEMENTS OF HISTOLOGY.' By E. Klein, M.D., F.R.S. Lectures on General Anatomy and Physiology in the Medical School of St. Bartholomew Hospital, London. Illustrated with 194 Engravings. New and Enlarged Edition. Lea Brothers & Co., Philadelphia. 1889.

This is one of the admirable manuals for students of medicine now being published by Lea Brothers & Co. They are models of their kind, being of a convenient size to be carried in the pocket and neatly bound, printed on good paper, with good type, such as is needed for this purpose. Since the last edition a number of additions and changes have been made. Several new illustrations have been added, including about a dozen very excellent photographs made by Mr. Andrew Pringle.

'The Physiology of Domestic Animals.' A text-book for veterinary and medical students and practitioners. By Robert Meade Smith, A.M., M.D., Professor of Comparative Physiology in the University of Pennsylvania, etc. 8 vo., pp. 926. Philadelphia: F. A. Davis, 1889.

The acquisition of some knowledge of veterinary med-

icine is requisite for the modern physician. Many a disease is transmitted to man directly through the agency of the lower animals. It is the student of physiology, however, who most feels the necessity for the comparative study. In fact, there is no physiology of man, as properly peculiar to the human tissue and organism. It is not pathology alone that furnishes the data of modern physiology, but the knowledge acquired through experimental research of the functions of the comparative organs of lower animals, is the foundation, if not the whole structure, of the physiology of our day. And it is with the greatest satisfaction we can announce a new text-book that treats of the lives of those animals in a special form never before undertaken in the English language. Professor Smith's physiology is a scientific exposition of the functions of the lower animals and written in an enviable manner. The part of the text entitled "General Physiology" requires over 150 pages to describe and illustrate the histology and chemistry of organized bodies. The nutritive, animal and reproductive functions are taken up in order. The instruments of precision we see in our best text-books are here employed. The subject of digestion is especially inviting to read and needs 250 pages. The characteristics of the digestive apparatus are very interesting to peruse. Not only the herbivorous and the carnivorous animals are considered, but the process of digestion of lowest forms of organic life are included. The nervous system receives due attention, and a fair exposition of our knowledge of this part of physiology is presented. The lowest forms of animal life, up to man, are carefully and progressively studied. The illustrations, diagrams and references are from the best and latest writings on this all-interesting study. Space does not permit us to review all the peculiar features of this highly meritorious text. Wishing prosperity to the learned author, we commend it to the attention of the profession. It needs hardly be said that the mechanical part of the work is elegantly executed. The name of the publisher is a guarantee for it.

A. P.

## NOTES AND COMMENTS.

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*The Johns Hopkins Hospital Bulletin.*—The trustees of the Johns Hopkins Hospital have authorized the issue of a monthly publication to be known as the 'Hospital Bulletin.' It will contain announcements of courses of lectures, programmes of clinical and pathological study, details of hospital and dispensary practice, abstracts of papers read and other proceedings of the Medical Society of the Hospital, reports of lectures and all other matters of general interest in connection with the work of the hospital. Nine numbers will be issued annually. The first number will appear in November, 1889.

The subscription price will be one dollar per year. Subscriptions may be sent to the publication agency of the Johns Hopkins University, Baltimore, Md.

*Union Medical Association of Northeastern Ohio.*—The seventy-fourth session was held at Canton, Ohio, on Tuesday, November 12.

Reports of cases were read by Drs. Sherman, Brannan, W. O. Baker and others. The discussion of dyspepsia and its results was opened by Dr. H. J. Herrick, and was participated in by a large number of other members present.

The next meeting will be held at Akron, Ohio. It is the annual meeting and the election of officers will take place at that time.

*The College Argus*, a twelve-page quarterly, issued by the Cleveland Homeopathic Hospital College, Volume I No. 1, received. We wish this new periodical a longer life and greater prosperity than similar enterprises of this kind have met with heretofore.

*Another Medical Journal.*—Dr. I. N. Love of St. Louis, Missouri, announces that in January he will issue the first number of the *Medical Mirror*. We have no doubt but that the *Mirror* will be a valuable addition to our list of exchanges. We wish it a long and successful life.

*The Plain Dealer Souvenir of City of Cleveland and Its Resources*, which has recently appeared, is creditable alike to the enterprise of that journal and to the business and professional men who have made it possible. It contains short biographical sketches and fine photo-engravings of all the eminent physicians of Cleveland; and what is somewhat remarkable in a work of this class, that of only one quack appears among the number.

*Where are the Ophthalmologists Leading Us?*—Since Dr. George T. Stevens published his remarkable monograph, the tendency of medical men has been almost as marked in the direction of ophthalmologizing neurology as that of general medicine, not long ago in some quarters, to gynæcologize about all the diseases of women. The gynæcological hallucination has measurably passed away, the ovarian delusion has contracted to somewhat reasonable proportions, save with a few gynæcologists and surgeons, who still think a diseased woman has no right to retain her ovaries; and gynæcology discusses its past mistakes under the caption of “nerve counterfeits of womb disease;” but now the ophthalmologists are taking their turn at claiming all—not all oculists, but certainly many of them. Here is a letter that reveals the spread of the ophthalmological craze:

“SAN FRANCISCO, CAL.

“*Dear Doctor Hughs:*

“The intense heat of the San Joaquin Valley drove me to the city, where it is cool the year round. I am under the care of an oculist here, who says all my headache and horrible nervousness is a result of a weakness of the muscles of the eyes. I have been going to his office for more than two months, but am no better. My headaches, mental difficulty, and all those unnatural queer feelings are increasing. I feel that I shall be absolutely insane if no change comes, I tell the doctor. He says it will all disappear when the eyes are right.

“I have had the prescription which you sent me filled a number of times, but lately it has no effect. What shall I do? I have no sound sleep, and days and nights are filled with horrors indescribable.”

Now, this lady wore glasses before she ever complained, and got her education and profession after. Domestic bereavement, financial misfortune and disappointment of the fondest hopes of the heart came to her; insomnia,

headache and grave neuropsychic disorder then followed these, but the eye medical consultant saw only the eyes and looked no further. He was an oculist.

We hope, for the honor of medicine, that the new ophthalmological craze will keep within legitimate bounds and not appropriate the whole field of neurology and psychiatry, as gynæcology once threatened. There are neural diseases due to eye strain and others intensified by them, for affections of the eye are largely neuropathic; and there are morbid conditions of the eye due to general neuropathic states. Our home experience with ophthalmologists has been more satisfactory. Not every case referred by us to our ophthalmological confrères has been traced to disorder of accommodation, while all defects have been cheerfully corrected by them, and reasonably estimated as sequent or associate, or possibly aggravating morbid influence; and while acknowledging our indebtedness to ophthalmology, we at the same time make this protest against the manifest tendency, apparent in some quarters, to go too far.—*Alienist and Neurologist*.

*Type-writers*.—Physicians who think of securing a type-writer will do well to call upon or address W. J. & F. M. Priest, at No. 197 Superior street, this city, agents for the caligraph type-writer, which is considered the most rapid writer in the market, as well as the most satisfactory machine in other respects. This firm always have on hand a large number of second-hand machines which they will sell at moderate prices. The editor of the GAZETTE secured a second-hand caligraph from them for thirty dollars which has proven satisfactory in every way, and we think others may do as well.

We will add that this notice has been inserted without the knowledge of Mr. Priest, and may not meet with his approbation, but we have inserted it for the benefit of anyone who may want a type-writer and do not feel able to pay a hundred dollars for it.

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ORIGINAL ARTICLES.

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VARICOCELE.

BY THOMAS W. KAY, M.D., SCRANTON, PA.,

Ex-Surgeon to the Johanniter Hospital at Beyrout, Syria.

The word varicocele (fr. varix=a dilated vein+ $\kappa\eta\lambda\eta$ =a tumor) is one of those uncouth, but convenient hybrids, with which our language is so full. Cirsocele, incorrectly circocele ( $\kappa\iota\rho\delta\omicron\varsigma$ =a varix+ $\kappa\eta\lambda\eta$ =a tumor) is more correct, but is almost obsolete. Both terms, etymologically speaking, indicate a varicose tumor in any part of the body, but custom has limited them to the scrotal region. Pott proposed cirsocele for a varicose condition of the veins of the scrotum, and varicocele for the same condition of the veins of the spermatic cord, but at present, the former term rarely occurs in English medical literature.

Varicocele consists of a dilatation and increased tortuosity of the veins of the cord, which begins at the upper level of the testes and extends to the lower opening of the inguinal canal, and sometimes into the abdom-

inal cavity. It rarely originates before puberty or later than the thirty-fifth year, and occurs indifferently in healthy and debilitated individuals. As far as my observations go, I am unable to say that habits of chastity affect its frequency, for I have found it in married and single men of both chaste and licentious habits. It is an affection of frequent occurrence, Mr. Holmes stating that it occurs in one of every ten adult individuals; but this seems to me to be too high an estimate. It may occur on both sides, but is most frequently confined to the left, and I have never known of a case in which the right side alone was affected. Its frequency is due to the length of the veins, their free anastomosis, their dependent position and utter lack of support from soft parts and the pressure to which they are subjected in the inguinal canals. The frequency of occurrence on the left side is due to the unusual length of the left spermatic vein, its absence of valves, its abrupt termination in the renal vein and the pressure to which it is subjected by the large intestine. There is little difficulty in the diagnosis of varicocele, because of its shape, the peculiar sensation which it gives to the touch—as of a bag filled with earth-worms—and the readiness with which it disappears on assuming the recumbent position, or on the elevation of the parts.

In old persons, small hard bodies may sometimes be found in the dilatations of the veins, which are due to fibrinous deposits from the slowly circulating blood or to phlebolites.

In most cases, the presence of a varicocele causes only slight inconvenience from its weight, but when it increases in size there may be much dragging pain and an eventual atrophy of the testes. Not infrequently its irritation causes nocturnal seminal emissions, with many depressing nervous symptoms, and occasionally the veins become inflamed or they may become injured by external violence. Mr. Pott relates a case in which rupture took place, and Mr. Erichsen records one where death occurred from hemorrhage following rupture.

It is not often that operative measures should be resorted to in the treatment of varicocele, for in most cases, palliative treatment is all that is required; but where, on account of its presence, the individual is excluded from the government service; where the testes are becoming soft and atrophied; where the absence of spermatozoa, in sterility, has been demonstrated; where the nervous symptoms are grave and apparently due to this cause, and where the patient's occupation is seriously interfered with or his safety endangered by its size, the radical cure should be undertaken. As palliatives, purging and low diet; general and local blood-letting; cold, astringent and volatile lotions; sea bathing, the cold douche and tonics, have all been used, and with beneficial results. Some have drawn a part of the skin of the scrotum through a soft metal or vulcanized rubber ring, so as to compress the veins, but cases of sloughing have been reported. Various forms of suspensory bandages have been devised, of which Morgan's is probably best. In this, after tightly lacing up the testis, it is elevated by tapes attached to its base and fastened around the waist. But a well-fitting truss is probably the best of all palliative measures, and in many cases it has a curative effect.

Bonnet, Philippeaux and Rigaud used Vienna paste and chloride of zinc to the scrotum to produce a radical cure, and obtained some good results, but these barbarous means have been abandoned, as has also castration. Sir A. Cooper proposed curtailment of the scrotum, and this measure has its ardent advocates at the present day, but it aims at the removal of one of the effects and not at the cause of the trouble, and, consequently, is only partially successful. Injections of astringent and styptic solutions have been used to obliterate the veins, and Horteloup and Le Dentu have advised clamps for the same purpose, but the results obtained have been very unsatisfactory. Various methods for the subcutaneous ligation or division of the veins have been practiced

by Vidal (de Cassis), Ricord, Lee, Agnew, Keyes, Gould and others, in which silver wire, silk, catgut and the red-hot platinum loop have been used; but the objection to all of these is the danger of wounding the arteries of the testes with their subsequent atrophy. Delpech was assassinated by a man on whom he had operated several years before for varicocele, and the testes of the assassin were found to be soft and atrophied.

Since antiseptics has rid modern surgery of so many of its dangers, there is no method for the cure of varicocele which equals in certainty and harmlessness that of cutting down on the cords, separating the veins from the artery and vas deferens, ligating the veins above and below, and dividing them between the ligatures. The two following cases will serve to illustrate the method.

Case I. Mr. Elias, a native, unmarried gentleman of Aleppo, 25 years of age and robust, was sent to me in the spring of 1888 at the Johanniter Hospital, by Dr. W. T. Van Dyck, to be operated on for varicocele. There was a large mass of enlarged veins on the left side which caused much pain and frequent nocturnal seminal emissions. This acting on his mind had produced a depressed and melancholic condition, and as a suspensory bandage had not given relief, he desired an operation for a radical cure. After two days' rest, accompanied by a purgative and hot bath, he was put under chloroform and the shaven parts thoroughly cleansed and rendered aseptic. An incision, two inches in length, was then made over the cord from near the external ring downwards. After reaching the cord, the veins were carefully separated from the artery and vas deferens, a catgut ligature passed beneath them about one inch below their exit from the inguinal canal, and they were tied *en masse*. The veins were now drawn partly from the wound, so as to reach them about two inches lower down, where they were again tied, but in four or five different parts, because of their divergence, after which they were divided between the ligatures and replaced in the wound. After this the

wound was thoroughly disinfected with sublimate solution, a decalcified drainage tube inserted in its lower angle, and its edges carefully united with silk sutures. Iodoform and antiseptic cotton were used for dressings, and recovery was rapid and uninterrupted. The drainage tube was removed on the fifth day, and some five days later he was permitted to go home. Two months later I received a message from him stating that he was in the best of health and considered himself entirely cured.

Case II. In the early summer of 1888 I was called in by Dr. Habib Tubagy of Beyrout, Syria, to operate on Mr. Nasif, an unmarried carpenter of that city. Two days previous to this he had been operated on by Vidal's method, but as there was considerable swelling of the scrotum and he was suffering much pain, he desired the radical operation by the open method. After thoroughly cleansing the parts, an incision was made similar to, but somewhat shorter than, that in the former case. The wires were found enclosing the blood-vessels and much cellular tissue, and not tight enough to entirely arrest the flow of blood. After removing the wires, the case was treated exactly as case one, with the exception of using a rubber instead of a decalcified bone drainage tube. This case was not seen by me after the operation, but the doctor informed me that he recovered without a bad symptom, and resumed his work in about two weeks.

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## REPORT ON PROGRESS IN DISEASES OF THE NERVOUS SYSTEM.\*

BY DR. HENRY S. UPSON, CLEVELAND, O.

The classification of nervous disorders on a pathological basis is not yet possible, and we are almost as far, in the present state of our ignorance of localization of function in many parts of the central nervous system, from a

\*Read before the Cuyahoga County Medical Society, October, 1889.

division of diseases according to their location. But there are certain broad types of disease which may be recognized clinically, and I wish in this communication to call your attention in the first place, to a part of the work done during the past year in that class of nervous disorders, as yet but little understood, which are characterized by motor spasm. These diseases have, some of them, an organic basis; some of them are called functional, by which we mean that their pathology is unknown. We will begin with one of the most familiar members of the group, with chorea.

Herringham, Brain, April, 1888, divides chorea into four varieties:

1. That occurring in elderly people, not distinguishable from the ordinary form in young persons, regularly followed by recovery. It is not so often, however, connected with rheumatism and heart disease as is the case in the young.

2. Post-hemiplegic chorea, from a coarse subcortical lesion.

3. The hereditary form, which will be more fully described below.

4. Chronic incurable cases. These are divided into two groups: *a*, those which occur in connection with insanity or dementia; usually in these cases a cortical lesion is found; *b*, those without insanity or dementia, usually have no lesion.

The hereditary form is fully described by Wharton Sinkler of Philadelphia, in the *Journal of Nervous and Mental Diseases* of February, 1889. This affection has such marked characteristics as entitle it to rank as a disease by itself. It was first described, according to Sinkler, by C. O. Waters, in 1841, in a letter to Dr. Dunglison. The disease is known among the people as megrims or megrums. It has the following characteristics: First, It is markedly hereditary, affecting a large number of the members of the families in which it occurs. Sinkler notes the fact that the families in which it occurs

are apt to be large, families of eight, nine, ten, twelve and thirteen children being reported by different observers. The disease always commences in adult life; is progressive, and never curable. The movements are much like those of ordinary chorea; they can be controlled to a considerable extent by the will; as a rule, they cease during sleep. With the choreic movements there is progressive dementia, sometimes delusions. The reflexes are often exaggerated. The few autopsies which have been held throw little light on the nature of the disease. Meningitis and pachymeningitis have been found, indicating a possible relation between this affection and parietic dementia.

It is somewhat remarkable that most of the families affected by this disorder have lived on or near Long Island. Cases, however, have lately been reported by Hoffman in Germany, Lannois in France (*Revue de Medicine*, August, 1888), and Kornilow in Russia.

The question of the connection of the ordinary chorea minor with rheumatism has been freely discussed, and opinions still differ on this point. Comby (*Progres Médicale*) has observed seventeen cases in his polyclinic; in none of them has rheumatism been present. On the other hand, out of eighty cases, Herringham found thirty-seven to be rheumatic; and of eighty cases reported by Garrod, this was true in thirty-two cases.

Körner, in Frankfort, discusses the relationship of chorea with education and discipline in schools. He quotes the following statements of Sturgis; that chorea is caused by: 1. Anxiety over long lessons and too long recitations. 2. Fear of punishment and sleeplessness after same. 3. Lessons taken home to be learned. 4. Corporal punishment.

Körner concludes from his own researches that the school is only rarely responsible for chorea minor; that when it is, the disease is produced in badly nourished, predisposed children; that in the alleged epidemics of chorea in schools, the manifestations have been in reality hysterical in nature, and not typically choreic.

Ziehen, in Westphals Archiv. (Vol. 19, 1888), reviews the subject of myoclonis and myoclonia. In 1881 Freidreich described a new disease which he called paramyoclonus multiplex. His description was based on a case of muscular spasm, clonic, and affecting the muscles of the limbs symmetrically, which only ceased during sleep and voluntary motion. There was no paralysis; there were no sensory disturbances. The fourteen cases of this disease which have been described since, differ among themselves, as well as from the original case of Friedreich, although the name paramyoclonus multiplex has been applied to them all. It is Ziehen's object to bring these somewhat different disorders into relation, first, with each other; secondly, with the commoner forms of spasm, such as chorea, tic convulsif, etc.

In Friedreich's case, the spasm was arrhythmic in character, and the excursions of the limbs quite short, in contrast to the twitching of chorea, in which the movements are coördinate and the excursions of the limbs considerable, as in common voluntary motion. This difference suffices to refer the seat of the disturbance of function in chorea to the cerebral cortex, in paramyoclonus to the spinal cord. From paralysis agitans the new disease differed in the absence of weakness and stiffness of the muscles, and in the arrhythmical character of the tremor, from tic convulsif in its location in the limbs instead of in the face. It differs from epileptic convulsive movements in its continuous character, and absence of other symptoms, as loss of consciousness, headache, etc.

So much for the clinical distinction of paramyoclonus from other diseases for mere purposes of classification. In regard to the essential nature of the spasm opinions are different, which is readily understood when we consider how little is known of the ultimate cause of even the commoner forms of spasm, such as tic convulsif, torticollis in its several varieties, chorea electrica, etc. Schultze is of the opinion that paramyoclonus is simply tic convulsif affecting the extremities, and thinks the

process in both identical. A better classification in the present state of our knowledge is that proposed by Ziehen in the present article. He brings several of these allied forms of spasm together under the common name of myoclonia, and includes paramyoclonus, tic convulsif and chorea electrica under this head, distinguishing them from spasms of cortical origin, such as chorea minor and cortical epilepsy. He thinks myoclonus is due to increased irritability of the motor ganglion cells of the spinal cord.

Of the three cases which he himself reports, the following is the most characteristic:

Richard Häussler, aged thirteen. No nervous diseases in the family. Patient of rather delicate constitution, intelligent; during the last year or two decidedly overworked. Three months before admission, on the occasion of the death of his mother, patient was a good deal excited, wept for several days, had headache and was sleepless. This condition lasted, becoming rather worse, until two weeks ago, when he was sent home from school one morning with spasms in the arms. Galvanism and bromides were given without result.

On examination the tongue is clean, appetite good, heart normal; the pupils are equal; voluntary movements are executed readily and accurately; normal electrical excitability, no anæsthesia.

In the arms there is continuous, nearly rhythmic, clonic spasm. The oscillations at the elbow-joint have breadth of excursion of about  $20^{\circ}$ , at a rate of 100 to 120 a minute; most of the muscles moving the arm, forearm and hand are involved.

The contractions of the corresponding muscles on the two sides occur at the same time, thus the two bicipites contract together, etc.

When the boy looks fixedly at a near object there is rapid closure of the eyelids and horizontal nystagmus.

The tremor ceases during sleep, is slightly decreased by fixing the attention for a moment, is a good deal increased by emotion of any kind. It is possible to

obtain only very light hypnotic sleep ; suggestion that the movements cease increases them somewhat.

The skin of the entire body is somewhat hyperæsthetic ; the functions of speech and respiration are absolutely normal. Plantar reflexes and knee-jerk are considerably exaggerated.

The treatment consisted in care in diet, passive gymnastics, rest in bed. In three days the movements ceased rather suddenly. Two or three months later there occurred a relapse.

The diseases reviewed above offer examples of undue liberation of energy. That property of the nervous system, which enables it to store force and reserve it for future expenditure, is called inhibition, and the same term is applied to the suppression of any of the modes of action of the nerve cells. Charles Mercier, in *Brain*, October, 1888, publishes a paper on Inhibition, which embodies in substance the views of Hughlings Jackson on this subject, and which, although it is not meant to be final, is very suggestive. It may be well in the first place to mention the view of Gowers and others, that there is in the nervous mechanism a system of inhibitory centres, one, *e.g.*, situated in the brain, which inhibits the knee-jerk, and is itself inhibited by a centre in some other part of the brain ; and thus with many other special inhibitory centres. Mercier says that we must regard each nerve cell as a reservoir in which force is stored, and each nerve fibre as a channel by which force is carried. The escape of force from the nerve cells never occurs continuously, but always in outbursts. Every muscle has its periods of activity and of rest ; and further, each muscular contraction is made up of a series of smaller ones. The storage of force, on the other hand, is, without doubt, continuous. How is its interrupted escape to be explained? There are in nature many similar examples of a continuous force liberated at intervals ; *e. g.*, a steady flow of water against a water-plant causes, not a steady bending, but a waving motion ; continuous pressure of steam on the lid of a tea-

kettle causes it to rattle up and down; the continuous tension of static electricity in a conductor causes an escape of separate sparks, and so on. In all these cases there is an opposition to the escape of force, the weight of the lid of the kettle, the elasticity of the plant, the resistance of the air to the electric current, which causes the rebound. So we may assume that there is a constant resistance to the escape of force from a nerve cell, and that the overcoming of this resistance gives the intermittent character to the manifestations of nerve force.

Does this theory explain any known facts in regard to muscular action?

Suppose we diminish the heat under the kettle so as to bring the water from a boil to a simmer, the rattling stops at once, but the lid gives a jump occasionally to allow a vigorous puff of steam to escape. In the same way, if the handle of an electric machine be turned more slowly, much larger sparks will escape, but at longer intervals. Now, if when a muscle contracts, the separate outbursts of force, instead of being so rapid as to fuse together, are slow and violent, there will be interrupted, instead of continuous, action, *i. e.*, tremor. And we find that this takes place in fatigue, when the rate of storage is slow but the resistance is the same; so that one outburst having taken place, and there being no energy in reserve, a longer time elapses before enough force is stored to overcome the resistance. So in drunkenness there is tremor, worst at the beginning of the day, when nervous energy is at its lowest ebb.

Suppose, now, the storage of force remains constant but resistance is increased, then discharge will occur at longer intervals, and be much stronger when it comes. The lid of the kettle, if heavier, gives occasional vigorous jumps instead of rattling; the electric spark, if made to pass over a greater distance, is much more intense. We cannot tell whether resistance is ever increased in nerve cells or not, but what happens during an epileptic fit makes this highly probable.

The convulsion begins with a gentle, continuous movement, possibly a turning of the head and eyes to the right or left, then, as resistance is increased, a fine tremor begins, which, as it becomes coarser, grows much more violent, until at last there are, at intervals, shocks of greater and greater intensity, ending with one tremendous contraction of the entire muscular system.

We have here an inkling as to how inhibition may be caused. It may be due to an increase of the normal resistance of the nerve cell. But if force has once begun to be liberated from a cell, it will continue until it is stopped by a force from without, following the general law of inertia. "Hence," in Mercier's own words, "we gather that every nerve-centre is normally subject to an inhibitory influence imposed upon it from without." This influence is not transient, but continuous. There is no evidence of the existence of any single inhibitory centre, either from experiments on animals, or from observations in pathology. If there were such a centre, its destruction would cause motor spasm of the whole muscular system of such tremendous intensity as would inevitably cause death from exhaustion. On the other hand, according to Hughlings Jackson, whenever nervous tissue is destroyed there are two effects: the function of the destroyed part is abolished, and, secondly, there is increased action of the body or some part of it. This latter is called the superpositive effect. *E. g.*, cut a peripheral nerve, we have paralysis (negative effect) and increase of galvanic excitability (superpositive effect); cut the spinal cord, and we have paralysis (negative effect) and increase of reflexes of the parts below (superpositive effect); abolish the action of the highest cerebral centres by alcoholic poison, and we have inability of the individual to coördinate for fine movements, walking, writing, speech, etc. (negative effect), and uproarious conduct (superpositive effect). We see that the action of every centre is controlled by that of a centre which is higher and more complex.

Time will not permit an abstract of Mercier's very inter-

esting parallel between the arrangement of the nerve centres, at different levels, and the grading of the officers of an army. The conclusions that he draws are as follows:

1. Every nervous discharge takes place normally in the face of a continuous resistance.
2. Every nervous centre is normally subject to a continuous control or inhibition.
3. This inhibition is not exercised by any separate portion of gray matter, but concurrently with other functions.
4. Every destruction of nerve tissue produces a double effect, a negative and a superpositive one.
5. The superpositive effect can be produced only by the destruction of an inhibition.
6. *Ergo*, every nerve centre not only is subject to but exercises an inhibitory influence.
7. Every nerve centre controls simpler centres, and is controlled by more complex centres than itself, so that,
8. The nerve centres are arranged in a hierarchy.

The literature of hypnotism has been, during the past year, so extensive, in the medical as in the secular press, as to compel the attention of even the more incredulous and conservative members of the profession. It is now recognized that, allowing for some conscious cheating and more self-deception on the part of the operators, there is in the accounts of the wonderful phenomena, reported in the last sixty years, since the days of Mesmer, a substratum of fact which it is worth while to investigate; so that every honest work on the subject, by a competent observer, should be welcomed by the profession, whether the conclusions of the author can be accepted in their entirety or not. Such a work seems to have been furnished by Bernheim of Nancy, entitled, 'Suggestive Therapeutics,' translated by Herter, published by G. P. Putnam's Sons, 1889.

The method used by the author to produce sleep is entirely that of suggestion; he first explains to the patient that it is an ordinary sleep which is about to be produced,

that it is quite easy and harmless, and if necessary he first hypnotizes two or three persons in the patient's presence. When suspicions are removed in this way, he uses something like the following formula: "Look at me and think of nothing but sleep; your eyelids begin to feel heavy; your eyes are tired; they begin to wink; they are getting moist; you cannot see distinctly; they are closed." Some patients go to sleep immediately; with some longer and more emphatic suggestion must be used. Passes or fixation of a bright object are only useful in concentrating the attention.

Patients in whom suggestibility is highly developed go to sleep very readily; for instance, at a command given by telephone, or even by letter.

In the administration of chloroform for surgical purposes, patients are sometimes hypnotized before they are really under its influence. If the hypnotic sleep is deep enough to cause anæsthesia, as sometimes happens, the operation may at once be proceeded with.

The result varies in different people from a slight degree of drowsiness, with afterwards perfect memory of all that happened, to a condition of catalepsy, in which the patient obeys all commands which are given him and has no memory of these events afterwards. The latter state is called somnambulism.

The following table of persons hypnotized in 1880, by M. Liebault, shows about the proportion of individuals in whom hypnotic sleep may be induced. These were, however, persons in the lower walks of life who came, most of them, with a good deal of confidence in the procedure, so that the percentage is rather higher than it would be under other circumstances:

In 1,012 persons hypnotized, the results were as follows: Refractory, 27; somnolence, heaviness, 33; light sleep, 100; deep sleep, 460; very deep sleep, 230; light somnambulism, 31; deep somnambulism, 131.

As the hypnotic sleep is produced, according to Bernheim, by suggestion, so also are the manifestations which

may be obtained in the somnambulistic stage. The patient being deeply hypnotized is told to rotate his hands, to put his finger to his nose, etc., and executes all these commands. He is told that he has lost the sense of feeling, and may then be pricked with a pin or cut with a knife without showing signs of pain. Complicated hallucinations may be evoked, the patient made to eat imaginary fruit, hear imaginary music, and so on.

All these phenomena may also be produced in the patient after awaking, by strong suggestion during sleep. *E. g.*, Bernheim suggests to a man during hypnotic sleep, that on waking he shall take an umbrella which is standing in a corner, open it, and walk twice up and down the corridor. This the patient does, and on being questioned tries to explain his actions by saying he is taking the air. He has no memory of the suggestion.

He suggests to another patient that when he wakes, he will meet a woman who will hand him a basket of strawberries. He will thank her, shake hands, and eat the strawberries. Half an hour later he is awakened. He went to his bed, said good-day, madam, thank you very much, then he shook hands, and afterwards went through the motions of eating the strawberries, putting them daintily in his mouth, one after the other, sucking them, and throwing away the stems.

These phenomena, though curious, are no more incredible than the hallucinations of insanity or the well-established symptoms of hysteria in some of its forms, and are especially interesting as they may ultimately throw some light on the nature of the mental processes in these affections.

The central thought in Bernheim's book is that all of the phenomena of the hypnotic state may be explained by a conscious or unconscious suggestion, so that the success of the experiment depends almost entirely on the condition of mind of the patient and little on the operator. The idea of a magnetic fluid or of an unusual power possessed by special persons, is entirely disclaimed.

Thus the success of the older methods of hypnotizing depends largely on the patient knowing that he is expected to fall asleep.

The mimicking of actions performed by the operator, manifested by some subjects, is simple imitation, not the result of a magnetic fluid which passes from one to the other. Thus one patient followed Bernheim's movements even when made behind his back, but if the movements were absolutely noiseless, so that not even a guess could be formed as to what they were, they were not imitated.

It should always be remembered that a patient who is apparently in deep sleep, is really unusually sensitive to impressions from without, even though memory of them may be absent on waking.

Ignorance of this fact may cause very wrong conclusions from observations, even when made by skilled observers. Not long since, attention was called to a remarkable series of experiments, in which drugs brought into contact with the skin of hypnotized persons were as effective as if given by the mouth, producing convulsions, emesis, etc., even when sealed up in bottles. Further experiment has shown that when drugs are used put up by a skilled pharmacist, with labels which convey no information either to the patient or to the experimenter, the manifestations follow quite at hap-hazard, without reference to the nature of the drug used.

Phenomena like those of the hypnotic sleep may be attained in many persons in the waking state.

Thus, in one of Bernheim's somnambulistic cases, he produced by simple affirmation in the waking condition sufficiently profound anæsthesia for the removal of five molar teeth without pain. This waking suggestion, although not so efficacious as that employed during hypnotic sleep, is perfectly competent to remove pain and cure hysterical paralysis and anæsthesia. It furnishes a complete explanation of the undoubted cures wrought by enchantments, by holy relics, in later times by infinitesimal doses of medicine, and by the mind and faith

cures. On this point compare Huxley's article on the "Value of Testimony to the Miraculous," published in the Popular Science Monthly for September, 1889.

Bernheim's chapters on Hypnotism in its medico-legal aspects and its therapeutical applications, bring out much that is new, and deserve a careful reading.

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## THE PROGRESS IN DISEASES OF THE SKIN AND SYPHILIS.

BY WM. T. CORLETT, M.D., L.R.C.P., LOND., CLEVELAND, O.

A Yearly Report read before the Cuyahoga County Medical Society.

The work of the past year has been largely in field of histological research, including the micro-organisms.

Dr. Ernest Besnier has published an extensive memoir on the histology of that rare though striking disease, pityriasis rubra pilaris, which was first described by Devergie. In brief, he describes the essential element to be an accidental anomaly of keratization limited to the hair follicles of the skin. (*Annales de Dermatol. et de Syph.*, June, 1889.)

Alopecia areata, which is a common affection among us, but especially prevalent in Britain, has been the theme of several carefully prepared monographs. Dr. Robinson of New York has an original and very learned article on its pathology and treatment in the Monatschifte fur Praktische Dermatologie, 1888, Nos. 9 to 16. The author says that alopecia areata is due to a micro-organism in the walls of the vessels and in the lymphatic spaces which shut off the nutrition from the area affected. The parasite is a coccus analogous to the staphylo-coccus pyogenis aureus. The author has been able to follow these organisms along the lymphatic vessels precisely as in erysipelas. These organisms so deeply seated explain, according to Dr. Robinson, the non-contagious nature of the affection, and to the same circumstance he ascribed the

little effect produced by anti-parasitic remedies applied to the surface. He recommends substances which have the property of osmosis—the oleates, notably the oleate of mercury. Chrysarobin, parts 4 to 30, has also given satisfactory results. In severe cases he recommends the establishment of a severe dermatitis for several weeks, which causes the emigration of the white corpuscles of the blood in the lymphatic vessels when they develop their anti-parasitic property, thereby suppressing the pathological action by destroying the cocci. For this latter he recommends croton-oil, care being taken not to produce sufficient perifolliculitis to destroy the hair papilla.

Mibelli, in a most carefully prepared monograph on the pathology of alopecia areata—*Giornale Italiano della Malattie venerie e della pelle, December, 1888*—confirms the experiments made by Joseph, which were published in 1887, *Ballett. della Societie dei Aeltori di Scienze Mediche di Siens*. Mibelli made fifteen experiments on cats by excising the second spinal ganglion or by the section of its branches. This produced circular plaques of alopecia, situated either on the zone supplied by branches of this ganglion or, more frequently, at a point more or less remote, as on the cutaneous surface of the shoulder or foot, which in many cases is accompanied by other alterations in the skin, such as the formation of crusts or eczematous lesions. In animals, which were kept under observation for a long time, the hair returned without treatment. Mibelli concludes from the variability of the cutaneous lesions produced that they are not directly dependent on the nerve lesion, but that the nervous system exercises an indirect trophic influence; the section of the nerve produces nutritious and functional derangements in the nerve centres which determine the variable and inconstant dystrophic manifestations in diverse cutaneous zones. These dystrophic disorders are preceded by vaso-motor derangements characterized by the formation of vesicles and crusts which accompany the falling of the hair. Louis Wickham of Paris has

also written a most able and interesting monograph on the etiology and pathology of alopecia areata, and draws the conclusion that there exists, under the general term *paladique*, two distinct affections, one a tropho neurosis, the other of parasitic origin (Journal of the Am. Med. Ass., 1889).

Leprosy, which is attracting much attention at the present time on account of its rapid spread in certain countries of political importance, has been the subject of careful investigation by Dr. Abraham of London (Epidemiological Society Reports, 1889), who believes it to be due to the bacillus lepræ and contagious to a limited degree. He recommends segregation.

The question of relationship between Lichen Planus and Lichen Ruber has been discussed extensively in the American Dermatological Association, and several articles have appeared on the subject during the past year. Dr. R. W. Taylor (N. Y. Med. Journal, December, 1888) believes that they are distinct affections. He gives clinical data and carefully prepared histological sections to support this view.

Dr. A. R. Robinson (Journal Cutaneous and Genito Urinary Diseases, January, February and March, 1889) is of the same opinion. On the contrary, many other dermatologists regard them as identical.

The affection pointed out by Unna as eczema sebaroicum has finally found recognition, and withal is not an uncommon affection. It usually is associated with derangements of the sebaceous glands, and its favorite positions are the scalp, face, sternal and the interscapular regions. Although the condition has been spoken of by several writers, Unna was the first to give a detailed description as a disease, *sui generis*.

The differential diagnosis between eczema mammillarum and Paget's disease of the nipple, according to M. Darier (British Medical Journal, June 1, 1889), may be determined by the following points:

Paget's disease is limited by a well-marked edge,

while the edge in eczema is ill-defined. In Paget's disease, the skin becomes parchment-like; the affection is incurable, and is invariably followed by cancer, which is not the case in eczema. The author has detected among the epithelial cells and in their interior, small, round bodies, which he regarded as conidia or psorospermia. These were found in every specimen examined. They were likewise found in epithelioma of the nipple. He further says that the presence of these organisms in epithelial tissue determines the budding of the galactophorous ducts in Paget's disease.

Dermatitis Herpetiformis—a name given by Duhring, to whom we are indebted for a well-defined description of this vesicular and bullous eruption, has received careful research in the hands of M. Brocq, who has published clinical data, as well as a most complete collection of the literature bearing on the disease (*Annals de Derm. et de Syph.* 1889).

Joseph Zeisler has investigated the subject of prurigo in America (*Journal Cutaneous and Genito Urinary Diseases*, November, 1889). The author believes the disease, even in its severe form, *Prurio ferox*, is not so uncommon as is generally supposed. He gives statistics taken at Chicago during the past five years which place the percentage at .81 of one per cent. He further says these cases were drawn largely from a German population. The sad verdict of Hebra that the disease was incurable, he regards as not holding good to-day. Of the twelve cases reported, several have been cured.

In the field of therapeutics the harvest has been abundant; yet few new drugs have been added to our armamentarium.

#### ANTHRAROBIN.

Anthrabin was introduced to the profession by the Berlin chemist, Liebermann, as a substitute for chrysarobin and pyrogallie acid. He found it, like chrysarobin, to be a powerful deoxydizing agent, one gramme being capable of absorbing one hundred and twenty cubic centimetres

of oxygen. Behrend of Berlin was the first to employ the drug in the treatment of psoriasis, tinea tonsuraus and pityriasis versicolor. In all of these the result was highly satisfactory. The drug occupies a middle ground between chrysarobin and pyrogallie acid; it is more efficacious than the former and less liable to excite inflammation in the parts adjacent than either.

Dr. Bronson has used the drug with good results in obstinate cases of chronic eczema. The strength used was ten per cent., with vaseline (*Journal Cut. and Ven. Dis.*, November, 1888).

#### CHLOROHYDRATE OF HYDROXYLAMIN

Is recommended by Eichhoff (*Jour. de Mèd. de Paris*, May 12, 1889) for lupus and sycosis parasitica. He employs an alcoholic solution 1 to 500.

Fabry (*Archiv. für Dermatologie and Syphilis*, Heft 2, 1889,) gives a report of twenty-four cases of psoriasis treated in Deutrepont's clinic at Bonn with hydroxylamin according to the following formula :

- |                                    |                    |
|------------------------------------|--------------------|
| R. Hydroxylamin muriat., . . . . . | 0.2—0.5.           |
| Spirit. vini, . . . . .            | 100.               |
| Calcar. carbon., . . . . .         | q. s. ad ventr.—m. |
| Sig. Apply with brush.             |                    |
| R. Hydroxylamin muriat., . . . . . | 1.0.               |
| Aquæ fort., . . . . .              | 1000.0.            |
| Calcar. carbon., . . . . .         | q. s. ad ventr.—m. |
| Sig. Apply with wet cloth.         |                    |

Before applying, the scales are to be removed by alkaline baths. As this drug has toxic properties, it is advisable to begin with a weak solution, say 1 to 1,000, applied twice daily and increase gradually.

The advantages claimed for the new drug are, cheapness, it does not stain the clothing, it does not cause dermatitis, while it is quite as active in removing the lesions of psoriasis as chrysarobin or pyrogallie acid. I have employed hydroxylamin in the treatment of various

diseases of the skin since July last, which I shall take opportunity to report shortly.

The bromide of arsenic in the treatment of psoriasis, which was suggested to me some years ago by my most able and estimable *confrère*, Dr. Z. T. Dellenbaugh, has been taken up, since my observations were published in the New York Medical Record, 1885, by several gentlemen who have reported excellent results with its use.

During the past few years I have used the drug in the form of pills, which I think preferable to the solution. In addition to its use in psoriasis, it will be found especially serviceable in certain forms of acne of reflex nervous origin.

Dr. Jamieson (Glasgow Medical Journal, June, 1889) recommends the bromide of potassium in the treatment of acne associated with ovarian derangement, accompanied by profuse menstruation, etc.

A few words in regard to the prevailing methods of treatment, as observed in some of the European hospitals during the year.

#### BATHS.

The general impression prevails that water should not be applied to diseased skins. But since the advent of antiseptics, and more especially with the increase of our knowledge concerning some of the diseases themselves, the use of detergent measures has steadily gained ground.

Lassar, in a paper on the treatment of inflammatory diseases of the skin, read before the American Medical Association (Journal Cut. and Ven. Diseases, October, 1889), strongly recommends the tepid bath for inflamed skins, and says the dreaded malignant influence of water on inflamed skins does not exist.

In the Hospital St. Louis at Paris, the system of bathing is most complete. For acutely inflamed skins the warm starch bath is largely used. After remaining in the bath half an hour or less, according to the indications, the skin is covered with a soothing, emollient application. This is repeated daily. Less active inflammations and parasitic

diseases are given a coating of black soap and soaked in a stimulating bath of sulphur or corrosive sublimate.

Further, the non-meddlesome treatment of inflamed skins is seen in the clinics of Lassar and Hebra. This is accomplished by a copious application of a paste which is surrounded by a roll of cotton-wool. This is to be retained from three to seven days, when the dressings are removed, the parts cleaned and the dressings repeated.

Lupus is treated by local means alone. Vidal scarifies, and Besnier employs the galvano-cautery, which is thrust into the diseased tissue at points varying from a quarter to half an inch. Crocker, at the University Hospital, London, scrapes, after the manner of the Vienna school, and immediately afterward applies sulphuric or carbolic acid to the excavated surface.

Salol is the name of a preparation designed to take the place of iodoform in treating venereal sores. It is best applied in the form of a powder, with starch, parts 1 of salol to 2 of starch.

Oxynaphthoic acid is used in the treatment of scabies with better satisfaction to the patient than the old treatment with sulphur, as it is equally efficient.

Syphilis is treated by intra-muscular injections of mercury both in Austria and Germany, less commonly in Britain or France. The method is steadily gaining ground and possesses many advantages over other methods of administration. It is customary to repeat the injections twice a week. Lewin, to whom we are indebted for this method, is making a series of experiments with bismuth in the place of mercury, but, to my knowledge, he has not yet published a report of the same.

#### BIBLIOGRAPHY.

Van Harlingen has revised and enlarged his admirable hand-book on 'Diseases of the Skin.' It is, as is well known, in a convenient form for ready reference, and is remarkably complete.

Dr. Ohmann-Dumesnil has given us a concise little

hand-book on 'Dermatology.' It is clearly written, and is especially applicable for students preparing for examinations.

Dr. Crocker of London has written the most complete work on 'Diseases of the Skin' that has appeared in English since the publication of Duhring's work. It is a standard work, such as we would expect to see from so able a writer.

Dr. Jamieson of Edinburgh has also written an able treatise.

'Leçons sur la Syphilis Vaccinate' is the title of a work by Prof. A. Fournier. This subject, which has received careful investigation by Hutchinson of London, is one of great moment, and is ably handled by this master in syphilography.

'Traité Descriptif des Maladies de la peau Symptomatologie et Anatomie Pathologique.' By Henri Leloir and Emile Vidal. This work is announced to appear in fifty-four parts, finely illustrated with chromo-lithographs. This promises to be the most complete modern treatise we have.

#### NECROLOGY.

Phillipe Ricord, who was born in Baltimore of French parents in 1800, died at Paris after having attained the highest seat in the proud temple of fame in October, 1889.

333 Prospect street.

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### LARGE CONGENITAL FORAMEN IN THE RIGHT PARIETAL BONE—HERNIA CER- EBRI—RECOVERY.

BY L. B. TUCKERMAN, M.D., CLEVELAND, O.

W. D., a primipara, 33 years of age, was delivered September 14 of a female child after a tedious labor. While washing the child, the nurse noticed a soft swelling on the right side of the vertex and called my

attention to it. In the right parietal region there was a swelling, oval in outline, its larger diameter parallel with the sagittal suture, and one and three-quarters inches long by an inch and a quarter wide. Palpation showed that there was complete absence of bony tissue over the site of the swelling, in short, that there was a congenital foramen of one and three-quarters inches by one and one-quarter inches in the parietal bone. The border of this foramen was somewhat thickened and rough. It came within three-eighths of an inch of the sagittal edge of the parietal bone and about five-eighths of an inch from the coronal edge. The foramen occupied the site of the parietal eminence—the normal centre of ossification of the bone. Through this foramen bulged the cranial contents, thus forming the tumor. No specific history could be obtained. The child, indeed, suffered during the first month from “snuffles” and eczema, followed by desquamation of thin crusts, but recovered from both without medication. The area of the foramen was diminished rapidly by ossification, proceeding from the edges, the upper and anterior portion being the last to close. November 1 all trace of the foramen had disappeared, and the only noticeable feature remaining is a slight prominence of the right parietal eminence.

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### COMFORT AS A SANITARY OBJECT.\*

BY G. C. ASHMUN, M.D., HEALTH OFFICER OF CLEVELAND.

In this country, where the spirit of continual labor prevails and money getting has been our most pronounced faculty, the suggestion of personal comfort or community comfort as an object of importance as compared with commercial interests, is regarded in the nature of a surprise and well-nigh irrational. Every “health” official in this part of the world has been met in “court” and out of it with the sneering rejoinder, when discomfort

\*Abstract of a paper read at the Ohio State Sanitary Association at Dayton.

is alleged as ground for action, "You don't pretend to say this, that or the other, which affects the peaceful occupancy of premises, is unhealthy, do you?" (The horse stable, cow stable, pig pen, geese, ducks, chickens, goats, cats, dogs, the smoke, dust, noise, gases, the hundred unthought-of sources of offense in towns, and which cannot be charged with producing a case of any recognized disease, yet when by aggregation or proximity make people utterly desperate in their uncomfortableness. These are the hard matters to adjust and control.) And the constant tendency of courts and juries is to demand proof of definite injury present or prospective, to property or health, before any estimate of damage or order to abate can be secured. This difficulty appears to arise from the low estimate placed upon certain states of mind or body, "general" conditions oftentimes, but more often "specific," which are essential to perfect rest after labor and the best development.

In this state especially, there are some very common and almost undisturbed sources of annoyance to the residents of nearly every town and village, viz.: the condition of streets, the smoke and gases from the combustion of bituminous coal, the odors of petroleum, the steam-whistles, and now the electric wires and apparatus. None of these are here cited for the purpose of enlarging upon their specific effects on people using or enduring them, but as samples of useful agents with certain accompanying disturbing factors which are worthy of attention. The condition of streets in many, if not most, of our towns and cities at certain seasons of the year, are a constant menace to the morals, if not to the lives, of the citizens; and it is well-nigh beyond the range of credibilty that children can be reared with an appreciation of the beauty and value of cleanliness, when in all their tender years they pick their way to school through mud and filth on the sidewalks and street crossings, or are forced to use privies and latrines

whose odors and sights, are degrading to health and morals.

Noises from various sources and of varying degrees are in the same class of comfort destroyers; the steam-whistles, steam-exhausts, the roar and rush of cars and vans—the list is interminable and increasing daily. Each special sense may afford the channel through which the irritant is applied. Sanitation looks to those conditions and agencies by which come diseases, but looks to much besides. The conditions and agencies which retard or prevent recovery from disease produced in any way are not less important than those actually causing disease. Then, too, everything which prevents the best development and exercise of all the functions of the body and mind come within the scope of sanitary effort. Here lies the broad field, and in that field this element of comfort has a place which the people for themselves should demand; which courts, as agencies for the protection of the people's interests, should recognize as a legitimate and reasonable demand; which all classes in our communities, as related to each other and the whole, should be ready to promote and defend, as superior to amassing fortunes by the few; which health officers and authorities should insist upon, as one of the important ends of their work and purpose to secure.

Not long since, in a discussion upon an ordinance to regulate the blowing of steam-whistles, an alderman exclaimed that he welcomed every smoke-stack and all the smoke, every whistle and every wheel in the city, and thought that they should not be regulated or restricted in any manner whatever, because it was evidence of just so much business! This view has been so common and popular in the general interest for money making and labor furnished, that few have considered how little the money making would have been hindered, and how much comfort would have been gained in the homes of laborers and others, if either locations for shops had been well selected, or smoke-stacks

high enough to carry the smoke well overhead, or whistles of reasonable tone and strength used, or the exhausts of steam made into cisterns for water.

And the rushing business man acts, if he does not say, to all who are suffering under the noise, the dirt or stench of his business, if my business here is not sufficient compensation for all this, and you don't like it, you can move away! Where, then, does the line of reasonableness in this matter fall?

The modern tendency to the use of nerve-stimulants and narcotics has much of its origin in the lack of home comforts; not all, of course, of the class now under consideration, and not all can properly come into the field of sanitary operations as to the cause or remedy. Yet none other of the official forces of the state and municipal governments are so constantly made aware of these avoidable disturbances to the homes of people, or perhaps see their effects so clearly.

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## ON THE IMPORTANCE OF THE HISTORY OF MEDICINE AND THE NATURAL SCIENCES.

Extract from an address delivered by Professor Th. Puschmann of Vienna, at the Sixty-second Congress of German Naturalists and Physicians at Heidelberg. Translated and adapted from the report of the *Wiener Klinische Wochenschrift*.

While jurists, theologians, architects, painters and sculptors recognize in the history of their science or art a valuable agent in the cultivation and teaching of their profession, most physicians and naturalists believe that they can learn nothing from history. But this opinion, which has originated under the influence of the mighty changes which the natural sciences and medicine have experienced in our century, is erroneous and pernicious.

Historical studies are beneficial in three ways: they are necessary adjuncts to education in general, they strengthen and fortify professional knowledge, and they aid in the cultivation of character.

The history of medicine and of the natural sciences is a part of the general history of civilization. The student of this history will obtain a bird's-eye view of the general development of the human mind, and he will not become subject to that professional one-sidedness which is so often noticeable in physicians.

But the professional culture will also become increased through these historical studies, for the history of a science is that science itself.

The single subjects are impressed upon the mind better by a representation of their historical development than if these subjects are described in their finished state, and at the same time the mind is stimulated, since the dry facts receive life and we obtain a better understanding of them.

The neglect with which the history of medicine and the natural sciences have been treated, has been dearly paid for, for many discoveries and inventions were entirely forgotten and so had to be made again, *e. g.*, the plastic operations which were already known in ancient times were then forgotten and, in 1742, were declared impossible by the medical faculty of Paris, until in the beginning of this century the method of performing these operations was brought from India to Europe, where it has reached such a high state of development. The ligation of large blood-vessels and torsion of those of smaller calibre for the purpose of arresting hemorrhage, the flap-operation in amputations, and turning in abnormal position of the fœtus were all practiced in ancient times, were then forgotten and had to be re-discovered.

The doctrine that tuberculosis of the lungs is contagious, was already established by Hippocrates, but was rejected by the physicians after him, and is only again accepted in the most recent times. The treatment consisted in milk diet, sea voyages and a sojourn in Egypt—not much different from our modern treatment. In the examination of patients, auscultation of the thorax was practiced, as can be proven by a passage of Hippocrates. Aretæus was already aware of the decussation of the nerve-

fibres in the brain, and on this basis he explained the paralysis which occurred on the opposite side of the body in injury of one side of the brain. In Pliny we find the sentence, that persons who desire, to become lean should drink nothing at a meal and only very little immediately after it; a direction which has held its own in the much-discussed manner of reducing the weight of abnormally fat persons in modern times.

The ancients employed most of the important therapeutical agents of our pharmacopœia, and they even prescribed substances whose therapeutical value has only been established in the present day, *e. g.*, the fat contained in the sweaty wool of sheep, in which Liebreich discovered lanoline.

Aristotle has already given expression to the thought that in the animate beings in nature, a gradually ascending ladder leads from the most simple to the more complicated organic creatures, from plants to animals and finally to man; so he was in fact a forerunner of Darwin. The correct solution was sometimes found of other matters which, in the low standard of science at that time, were not understood, *e. g.*, as Galen writes, that sound spreads like a wave, or when he compares respiration to combustion.

The grand changes which occurred in the natural sciences and in medicine in the nineteenth century had their origin in the sixteenth and seventeenth centuries. At that time the experiment first stepped to the front and became an important agent of research. Helmont's experiments to determine what rôles the soil, the air and water played in the nutrition of the plant, the observations of the velocity of sound, the researches on weight, on the density and elasticity of the atmosphere, the use of the barometer to determine the altitude of a locality, and the numerous works on light and the colors are evident proofs of this statement. At that time Huygens laid down his undulatory theory, and Newton discovered the laws of gravitation. The first observations on the phenomena of polarization and the first attempts at genera-

tion of electricity originated in the seventeenth century. In medicine, the discovery of the circulation of the blood was the initiative to methods of research, based on observations and experiments. This discovery led to the determination of the velocity of the circulation and the blood pressure in the arteries, the amount and the composition of the blood, and the influence of the inspired air upon its color and quality.

For thirty years Santorio weighed the food which he took and the excrements he passed to determine the relation between the ingesta and the excreta of the body. Alf. Borelli and Nicol. Steno attempted to resolve the complicated movements of the body into the activity of the single muscles, and to explain this latter by the laws of mechanics. At the same time they described the variations of form and consistence which the muscles undergo in contraction and relaxation.

Furthermore, those remarkable experiments with decapitated frogs were practiced by Rob. Whytt about the middle of the last century, in which he irritated the thighs and thereby obtained movements which purposed a removal of the irritant, and which appeared like voluntary and conscious actions, and which led him to the opinion that the brain could not be the only centre of nervous activity.

The bacterial theory, which holds supreme sway of the medicine of to-day, had also a forerunner in the seventeenth century. Leeuwenhoek described these tiny creatures which he discovered in the secretion of the mouth and observed them under the microscope, and Linné and Plencicz believed in the *contagium animatum*; but the majority of physicians and naturalists rejected this theory, which has not been accepted until recently and is now established as a scientific fact.

And, furthermore, we must recall the excellent descriptions which Claude Perrault—celebrated not only as a physiologist but also as the architect of the Louvre in Paris—has left to posterity of the termination of the

nervous filaments in the cochlea, and of the functions of the various portions of the organ of hearing, and the theory of the nutrition and respiration of plants described by the Dutch physician, Ingenhousz, at the end of the eighteenth century. Such investigations arouse our wonder and admiration.

The ethical value of the study of the history of a science lies in the fact that it teaches us justice to our predecessors and modesty in the judgment of our own efforts. At the same time the young men who are engaged in its study become acquainted with ideals whose paths they can aim to follow. For these reasons the students of medicine should have an opportunity to hear lectures on this subject, and if this is not possible in all universities, at least in the larger ones there should be established a chair for the history of medicine and the natural sciences.

J. W.

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EDITED BY A. R. BAKER, M.D., AND S. W. KELLEY, M.D.

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## EDITORIAL.

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### THE NEW CITY HOSPITAL.

The city has gone to the great expense of building a magnificent new hospital on the infirmary grounds on Scranton Ave. It has been built in accordance with the most recent teachings of sanitary science. The ventilation is perfect; the furnishing elaborate. Ample provisions have been made for private as well as charity cases. There are in the hospital twenty-four private rooms with one bed in each, and sixteen wards with from three to twelve beds each. In addition to these are rooms for nurses, attendants, house physicians, reception rooms, dispensary, operating amphitheatre, kitchen, dining-rooms, etc. The hospital has now one hundred and fifty beds and contains one hundred and five patients, and if crowded, as are some of our hospitals, would contain three hundred. There are now in this hospital a larger number of patients than in any other in the city, and

if St. Alexis was not overcrowded, more than in any two of them ; and the capacity of the hospital is nearly equal to that of all others in the city combined. Lakeside hospital has accommodations for seventy-six patients. To-day (December 16) it contains sixty-five patients. Charity hospital can accommodate sixty-five patients, and is now caring for about thirty. There are fifty patients in St. Alexis hospital at the present time, which has adequate accommodations for only about thirty. The University hospital has fifteen patients now, although it has accommodated as many as twenty-eight by crowding. The Huron Street hospital has forty-two patients, has accommodations for seventy-two, and by crowding can make room for eighty-two.

These hospitals are all well equipped with consulting and visiting physicians. The Lakeside has six visiting and five consulting physicians, surgeons and specialists, and a U. S. Marine hospital assistant-surgeon.

The Charity hospital has a staff of six visiting and seven consulting physicians and surgeons, one dermatologist and one oculist and aurist.

St. Alexis hospital has six visiting and seven consulting physicians and surgeons. University hospital has thirteen visiting and consulting physicians and surgeons ; and the Huron Street hospital has fifteen members on its staff. We are quite sure that none of these institutions has more than necessary, and some of them might add to their numbers with advantage to their inmates.

Now, what service do these one hundred and five patients at the City hospital receive ? That of one infirmarian physician who is paid the munificent sum of \$1,200 a year to care for all these patients in the hospital, and about three hundred and fifty patients in the infirmary proper, and about an equal number of insane persons in the insane department. Granting that a wise choice should be made, as in the selection of the present incumbent, what can this one man do toward relieving the medical and surgical wants of nearly a thousand persons,

in addition to doing more or less private practice, as he must do in order to make a livelihood? The seriousness of this matter only becomes more apparent when we remember that the infirmary physician's appointment is subject to political influence. What can this one man do toward relieving the medical and surgical wants of all these patients, who need the best services of at least a dozen of the most skillful practitioners, surgeons, dermatologists, gynæcologists and oculists in the city?

There are to-day in this hospital and in the infirmary a large number of patients needing capital surgical operations performed. There are still more cases needing the advice of the most learned practitioners in the city. There are women there suffering from ailments peculiar to her sex, who could be restored to health and usefulness by the gynæcologist. There are blind and deaf persons there who could be made to see and hear by the oculist and aurist. There are patients there suffering from filthy and loathsome skin diseases that could be cured by the dermatologist. And because the city does not provide this service these patients are permitted to suffer and die, many of whom could be restored to health and made useful members of society. Now, what is the remedy for this anomolous condition? Simply appoint a hospital staff and utilize the clinical material for the purpose of medical teaching. This is what is done in other cities. Bellevue hospital is the city hospital of New York city. Cook County hospital is the city hospital of Chicago. The Cincinnati hospital is the city hospital of Cincinnati, and all are utilized for medical teaching. It has been the practical experience of all countries and all times that the only way in which it is possible to get adequate hospital medical service is to utilize it for medical teaching. In this way only can the best service be secured. The best members of the profession will not do this work unless they can receive some adequate return for their services. It is impracticable to make this a monetary consideration, as the infirmary board would be bankrupt

immediately. But if the medical schools are permitted to make use of desirable cases for clinical teaching, they will gladly render the necessary services.

It is not necessary or desirable to give control of the hospital to any one medical school. Those physicians should be chosen who, by their fitness and willingness, would render the best service. These men would hold clinics which would be free to all students and practitioners of medicine, upon the payment of a hospital fee, which would go to the hospital fund.

Or, if preferred, one medical school could have control of the hospital for one portion of the year, another for another, and even a third another. Or the wards could be divided, one school could have one part of the hospital and another school another. But we believe it would prove more satisfactory to appoint the staff regardless of medical sects or schools. If necessary, let the infirmary physician be retained as at present to have charge of the infirmary proper, and he could refer such cases as he deemed best to the hospital for treatment. Enough money would be received from students in hospital fees to more than pay the infirmary physician's salary. Another consideration which should be of secondary importance, but may have some weight in the minds of the infirmary directors, especially as they have been accused of extravagance from some quarter in building the hospital, *i. e.*, if a competent staff of consulting and visiting physicians were appointed they could soon fill the private rooms of the hospital with pay patients that would bring in quite an income that would go far towards supporting the charity cases.

Other matters, such as the appointment of house physicians by competitive examination, must be postponed for future discussion. In conclusion, we wish to congratulate the city on the possession of such a hospital, which was needed so badly, and we are sure that if the infirmary directors show the same good judgment in the selection of a competent staff that they have in the erection of the building, thousands in future years will arise to call them blessed.

## DANGEROUS ELECTRICAL CURRENTS.

Such tests as those made by the East Cleveland street railroad company, in which a small pony withstood a charge of four hundred and eighty volts, should not mislead the public as to the dangerous current of electric light and street-car trolley wires. Five hundred, or even seven hundred volts of a continuous current of low tension, can usually be taken without proving dangerous to life, but it is the pulsating currents, or the interrupted currents, or the currents of high tension, that are dangerous; and it has been proven time and again that even two hundred or three hundred volts of these currents may prove fatal.

The articles in the November number of the North American Review by Thomas A. Edison, on the "Dangers of Electric Lighting," and by Harland B. Brown on "The New Instrument of Execution," present in a very concise manner, the dangers of these alternating and high tension currents. Over one hundred deaths have been caused by electric light and trolley wires within the past two or three years, and it is to be remembered that the use of electricity has just begun, and that where there is one wire now, there will be a hundred in the future, and the dangers will correspondingly increase, unless some method is devised by which they can be made safe. The health department of the city of New York, after an exhaustive test of many wires in that city, found that the amount of leakage averages 45 per cent. of the pressure upon the conductors. And Mr. Brown says:

"This is because the alternating current is used. When an electrical current is set up in any circuit, a momentary current in the opposite direction is produced in any parallel conductor, by what is called induction. When the first current is stopped, an induced current is produced in the same direction as the first.

"It is therefore evident that with the alternating current, which is a series of impulses, following first in one direction and then in the other, a corresponding series

of induced currents is produced outside the insulation of the wire, if any moisture is present to serve as a conductor. If the wires are contained in lead or iron pipes, the metal transmits the induced current.

"There is no insulation known to science that can prevent the mysterious action of induction, and the distances at which it will act are almost incredible. Mr. Edison, in his railway train telegraph, has transmitted signals by induction through over four hundred feet of dry air, which is an excellent insulator. This telegraph system is operated by a feeble battery current, which could not possibly inflict injury, but in the alternating system of electric lighting, the pressure is at least five times as much as is required to produce death. Wires transmitting the latter current, whether on pole lines or underground, can in no way known to science be so insulated as to be safe. For instance, in Dallas, Texas, where the conductors are said to be well insulated, inclosed in pipes and placed under-ground, a workingman named Thomas Madigan was killed on April 23, 1889, by touching an insulated house or secondary wire while at work in the Grand Windsor hotel.

"The alternating current has been in extensive use for less than two years, and yet it has killed at least forty persons. On the other hand, arc light currents have been widely used for the past ten years. During this time, the high-tension continuous current has killed but ten persons, and the high-tension pulsating current sixty. There has never been a single death caused by the low-tension continuous current which all companies are free to use.

"All arc light currents may be made safe by proper precautions, without cutting the pressure down to the limits advised, but unless some device can be invented which will guard against the effects of induction, the high-tension alternating current should be prohibited. The only reason that the deadly alternating current is used is that the electric light companies may economize in wire, at the expense of public safety."

## AMONG OUR EXCHANGES.

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Since the adoption of DR. STERNBERG's alkaline mercurial treatment of *yellow fever*, the mortality from that disease in the Mercedes hospital at Havana has been only 15.9 per cent. as against an average of 43.5 per cent. during the seven preceding years. (New Orleans Med. and Surg. Jour., October, 1889.)

Another case of *antipyrin poisoning* is reported by DR. WM. P. NORTHRUP of New York. The patient was a well-built woman of hysterical temperament, but without any organic disease or uterine displacement. The symptoms from a fifteen grain dose were: sneezing, evacuation of the bowels, syncope (thirty minutes), vomiting, prostration. A subsequent five grain dose caused: sneezing, urticaria and diffuse hyperæmia of the skin and dyspnœa. The antipyrin was taken to relieve distressing periodical migraine (New Orleans Med. and Surg. Jour., October, 1889).

In an article on "Synthetic Somnambulism" (Asclepiad), DR. B. W. RICHARDSON shows that by the inhalation of the vapor of amylene, an oily liquid obtained by acting on fusel-oil with chloride of zinc, a condition closely resembling somnambulism is produced, and ventures the suggestion that somnambulism may be due to the production in the organism through some abnormality in primary or secondary assimilation, of some substance which, like amylene, "destroys remembrance, and perhaps judgment and reasoning, but which leaves the brain still able to act and to direct the limbs to do things which they could not do better in the most wakeful hour."

In *croup*, DR. B. W. RICHARDSON (Asclepiad) reports excellent results from the administration of ammoniated chloroform by inhalation. Both the ammonia and the chloroform are antiseptic. The chloroform relieves the spasm and deprives the ammonia of its pungency, while the latter acts rapidly as a diffusible stimulant, cough becomes loose and the expectoration free. He sometimes combines oxygen with the vapor. He has, in some instances, kept up the inhalation for fourteen hours, administering nourishment by enema. To prepare the mixture, 83 per cent. alcohol saturated with ammonia is mixed with an equal quantity of chloroform. Any water which may separate is removed by blotting-paper, and the mixture is ready for use. He puts one or two fluid drachms into a bottle with a leather inhaler, armed with an expiratory valve.

To *symphilitic papules, tubercles, condylomata, or squamæ*, DR. G. FRANK LYDSTON, Chicago, Illinois, applies with a brush:

R Hydrarg. Chlorid. Corrosiv., . . . grs. v-xx.

Collodionis, . . . . . fd. ʒi.

or

R Hydrarg. Chlorid. Corrosiv., . . . grs. v.

Tr. Benzoin co., . . . . . fd. ʒi.

Under either application the lesion promptly disappears. The collodion application is more liable to blister (Lancet-Clinic, October 26, 1889).

A correspondent of the Medical News (October 12, 1889) claims that the thorough application of a 5 to 10 per cent. solution of pure chromic acid to the diseased mucous membrane of the nose, will cure *hay fever*. He gives atropia to diminish the secretion of mucus ( $\frac{1}{200}$  grain, repeated in fifteen minutes if necessary), and applies the chromic acid solution with a bit of cotton on a wire applicator.

Further testimony as to the value of apocynum cannabinum in *ascites* is given by DR. U. S. WRIGHT, Fayette,

Missouri (Med. Advance, November, 1889). He uses the tincture in fifteen or twenty drop doses, with excellent results.

*Strophanthus* is recommended to be used in *goitre*, by Dr. S. T. VOUNT (Southern Med. Rec.). He reports five cases successfully treated. The usual dose was ten drops of the tincture three times a day, though in one case he gave the above dose every four hours. The doctor fails to state clearly whether all these cases were of the exophthalmic variety, but from the one case where he gives symptoms in detail, it is to be inferred that they were.

*Sciatica* of long standing has been successfully treated by DR. CHAS. C. HUNT of Dixon, Illinois (Journal Am. Med. Association, September 28, '89), by suspending the affected member in Hodgen's extension splint. He reports four cases. The suspension is kept a fortnight, and pulley extension at night for from two to four weeks longer. The splint is described in Frank H. Hamilton's work on 'Fracture and Dislocations,' page 448.

The fluid extract of *gelsemium* is, according to DR. G. M. GARLAND of Boston, Massachusetts, an efficient *substitute for opium* in frontal headaches and other pains of neuralgia, difficult and painful menstruation, and as a simple hypnotic in temporary congestion with insomnia and headache, and in hysterical insomnia. Five to ten drops are given every half hour till relief is obtained or its physiological effect is produced in diplopia and ptosis (Journal Am. Med. Association, September 28, '89).

DR. JNO. V. SHOEMAKER finds fluid extract of *geranium maculatum* an efficient tonic and hæmostatic in incipient *phthisis* with hæmoptysis. He reports (Atlanta Med. and Surg. Jour., October, '89) four cases successfully treated with the drug. He prescribes :

R Ol. Menth. pip., . . . . . mxx.  
 Ex. Geranii fl., . . . . . ʒiiss.  
 Vini Portensæ, . . . . . ʒi.—m.  
 S. Teaspoonful every three hours.

Antipyrin is incompatible with sweet spirits of nitre, forming a poisonous green precipitate (Denver Med. Times, September, '89).

Antipyrin increases the solubility of the salts of quinia to a very considerable degree (Am. Jour. Phar., June, '89).

DR. E. STUVER of Rawlins, Wyoming, treats *erysipelas* with ordinary white lead, thinned with Japan dryer, as a local application. He claims, and cites cases to show, that it promptly relieves local pain and tenderness, limits the spread of the disease, and, by the impermeable coating which it forms, prevents the spread of disease germs (Med. News, October 5, '89).

Agaric acid, a dibasic triatomic acid derived from the well-known *agaricus albus*, is now shown (Therap. Monatshefte, June, '89) to be the substance to which is due the action of agaric, as well as its crude extract agaricine, in checking profuse sweating. Agaric acid is given in  $\frac{1}{6}$ -grain doses, in pill form, repeated if necessary till five doses are taken. It succeeds in cases where atropine fails. Its action is on the secretory apparatus, and in the above doses no unpleasant symptoms are recorded.

DR. HUMPHRIES (Practitioner) holds that antipyrin and kindred drugs are contra-indicated in all cases of cardiac weakness, in diphtherial affections with myocarditic lesions; after exhaustive hemorrhages; in catarrhal pneumonia generally, and in lobar pneumonia with œdema of the lung—heart failure; in all cases of great debility and exhaustion, including the latter stages of tuberculosis, and of long-continued fevers.

DR. G. W. MOTT of Springdale, Iowa, writes us: "I had especially good results from the lotion of chloral hydrate and aq. dist. [Chloral hydrat., grs. xxx, aquæ dist. fld. ʒiii.—M. Apply on lint.] mentioned in a recent issue of your journal as an efficient remedy for sore nipples in the early period of lactation. I have used it in six cases and have found that it afforded complete relief."

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## NEW BOOKS.

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'ANTISEPSIS AND ITS RELATION TO BACTERIOLOGY.' By Dr. J. Neurdorfer, Royal Staff-Physician and Director of the General Poliklinik, Vienna.

Owing to his anxious and difficult daily task, the attention of the busy practitioner may not be directed to the slow but continuous progress of his science; he may not note the ever-changing phases of this progress; he only sees the change of scene after it has shifted, when he is conscious of the alteration of theory, method and practice about him. On this basis he may stand for a decennium, until progress has again effected an alteration in the beliefs of medical science. As a result, he lives only in the past. How much better prepared would he be for the benefits to be derived from past experience, did he consider, also, the probabilities of the future. While inviting attention to the present understanding of the antiseptic question, Dr. Neurdorfer, in his valuable book included in 42 pages of the July issue of Wood's Medical and Surgical Monographs, treats also of its future aspect, and in his consideration of the subject, covers the whole ground in a terse and practical manner which is almost aphoristic in its conciseness, but, nevertheless, including a full detail of the accepted antiseptic methods, with formulæ and description sufficient to render the work a hand-book on the subject. Those who, for any reason, have not closely followed the progress of antiseptic science, will find in this exceedingly well-written book all the information necessary to a complete understanding of our present knowledge of the subject.

'LECTURES ON DISEASES OF THE HEART' Delivered at the College of Physicians and Surgeons, New York City. By Alonza Clark, M.D., LL. D. E. B. Treat, 1887.

This book contains the substance of Prof. Clark's lectures on diseases of the heart, delivered at the College of Physicians and Surgeons many years past, together with reports of cases collected from the literature of the subject and from personal observation. The author says in his preface that "the basis of the work being a course of didactic lectures, the style is colloquial, and though it may not possess that rhetorical rounding which is the offspring of elaborate revision, it is given to the profession as an exposition of the views which I have inculcated during the many years in which I have been a teacher." Some conception of the scope of the work may be gained from the following titles of lectures:

Lecture 1, Heart Sounds; 2, Pericarditis; 3, Endocarditis; 4, Myocarditis; 5, Hypertrophy of the Heart; 6, Dilation of the Heart; 7, Fatty Degeneration of the Heart; 8, Rupture of the Heart; 9, Fibrous Degeneration of the Heart; 10, Heart Clots; 11, Valvular Disease; 12, Valvular Disease (continued); 13, Prognosis and Treatment of Valvular Disease; 14, Angina Pectorosis; 15, Deformities of the Heart; 16, Functional Diseases of the Heart; 17, The Effects of Certain Drugs on the Heart.

'THE INFLUENCE OF MENSTRUATION, AND OF THE PATHOLOGICAL CONDITIONS OF THE UTERUS IN CUTANEOUS DISEASES.' By Dr. L. Grellety, Consulting Physician at Vichy, Silver Medalist of the Academy, Secretary of the Therapeutical Society, etc.

The apparent sympathy between the utero-ovarian and tegumentary systems is by no means a new discovery, nor is it without a certain amount of written record, nevertheless, it is a subject little known and little investigated. The short book of Dr. L. Grellety, which is included in sixteen pages of the July issue of Wood's Medical and Surgical Monographs, is a timely reminder to the profession that the subject is worthy of attention, and he ably directs their consideration of it in a concise résumé of his knowledge of it as the result of fifteen years' investigation and expe-

rience at Vichy. There are more original ideas developed than the small number of pages would lead one to expect, and it is safe to presume that many among its readers will realize that there is much good advice in his suggestions.

'*ESSENTIALS OF PHYSIOLOGY*,' Arranged in the form of Questions and Answers. Prepared especially for Students of Medicine. By H. A. Hare, B. Sc., M.D. (Univ. of Pa.). Second Edition, Thoroughly Revised and Enlarged. Philadelphia: W. B. Saunders, 913 Walnut street. 1889. Price, cloth, \$1. Interleaved for Taking Notes, \$1.25.

As long as medical students are allowed to take the degree of M.D. after two or three years of study, so long will "compends" and "essentials," vest-pocket quiz masters and the like be in great demand. And even when the time comes that the would-be doctor must spend four or six years in stowing away medical lore, the compends will be used for handy review, and the ones who are after the degree more than the education will try to reach the goal by the shortest route. But for all that, compends are useful books—they are great helps to the earnest student, and on the subject of physiology this is one of the best that has come under our notice.

'*A MANUAL OF OBSTETRICS*.' By A. F. A. King, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children in the Medical Department of the Columbian University, Washington, D. C., and in the University of Vermont, etc., etc. Fourth Edition. Philadelphia: Lea Brothers & Co. 1889. 12 mo., 432 pages, 141 illustrations; cloth, \$2.50.

This book, as the author states in his dedication, was designed particularly for students, with the earnest hope that it may be of use to them, but we are sure it will be also very useful to the practitioner and refresh his memory upon topics that are not so constantly used, and therefore liable to grow rusty. And this he can do without reading pages after pages of history and etymology and controversy to get at the practical point which he wants to *use* and hasn't much time to spend in hunting for it. Dr. King knows how to get the gist of the thing. This book is called a manual, but it is also a good treatise. A good way to judge a book is to select some topic—preferably one on which you are pretty well posted—turn to the index, consult the page and see what the author has

to say on that subject. Try this again and again in this book, and you will find something satisfactory every time. The author has not made this book small by leaving it incomplete, but by omitting all impracticalities and all useless words, and this without sacrificing clearness to conciseness.

'THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONERS' INDEX.' 'A Work of Reference for Medical Practitioners. Edited by 22 English and 3 American Editors. Publishers, E. B. Treat & Co., New York, London and Chicago. Pages, 544. Price, \$2.75.

This book belongs to a class which is becoming very popular, and this is a very good book of its kind. When one has examined it and seen what a faithful synopsis it gives of the year's progress, he cannot fail to be astonished that this amount of work done by so many distinguished gentlemen, in reducing such a vast amount of material to such a concentrated extract, can be presented to the reader in this convenient form for the sum of two dollars and seventy-five cents per copy. This can only be done by immense sales, which the work will probably have. We have quarterlies attempting similar work which cost not much, but they come in paper covers. We have annuals, too, in one, three or five volumes, but they cost from five to fifteen dollars.

The departments of this annual are: New Remedies, Mechano Therapeutics, Electro Therapeutics, New Treatment in Medicine and Surgery, and every department is well and carefully filled. We recommend it as a good year-book, and especially commendable on account of compactness, convenience and its low price.

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## PAMPHLETS.

[In most cases, anyone desiring a copy of any pamphlet noticed under this head will doubtless secure it by addressing the author—not forgetting to enclose a postage stamp and a mention of the GAZETTE.]

1. 'THE PURULENT CONJUNCTIVITIS OF INFANTS, AND BLINDNESS IN NEW YORK STATE.' By Lucien Howe, M.D., Buffalo, New York.

2. 'REPORT OF THE COMMITTEE OF NEW YORK STATE MEDICAL SOCIETY ON THE CAUSES AND PREVENTION OF BLINDNESS.'

3. 'SOME OBSERVATIONS CONCERNING THE EXTRACTION OF CATARACT WITHOUT AN IRIDECTOMY, AND THE USE OF THE BANDAGE IN THE AFTER TREATMENT.' By George Frothingham, M.D., Detroit, Michigan.
4. 'THE NEED OF DISCUSSING OPHTHALMIC SUBJECTS.' By George Frothingham, M.D., Detroit, Michigan.
5. 'NOTES ON THE ELECTRO-MAGNET IN OPHTHALMOLOGY, WITH A REPORT OF NINE CASES.' By William Ellery Briggs, M.D., Sacramento, California.
6. 'A FEW OBSERVATIONS ON THE ETIOLOGY, PROGNOSIS, AND CURE OF INCIPIENT CATARACT, WITHOUT OPERATIVE INTERFERENCE.' By A. R. Baker, M.D., Cleveland, Ohio.
7. 'AN OPHTHALMO-DYNAMOMETER.' By L. A. W. Alleman, M.D., Brooklyn, New York.
8. 'EXPRESSION IN THE TREATMENT OF TRACHOMA.' By A. E. Prince, M.D., Jacksonville, Illinois.
9. 'THE USE AND ABUSE OF THE EYE.' By Frank Trester Smith, A.M., M.D., Chattanooga, Tennessee.
10. 'A CASE OF PERSISTENT TINNITUS AURIUM, RELIEVED BY THE REMOVAL OF A NASAL OBSTRUCTION.' By Max Thorner, M.D., Cincinnati, Ohio.
11. 'A RESUME OF EXPERIENCE AT THE AURAL CLINIC OF PROFESSOR HERMANN SCHWARTZE, IN HALLE, GERMANY.' By Charles H. May, M.D., New York City.
12. 'SCARLATINOUS OTITIS.' By Charles H. May, M.D., New York City.

1 and 2. Probably no one has given the subject of Purulent Conjunctivitis more careful consideration than Dr. Howe; and these reprints are full of statistical matter which is of the very greatest importance to every practitioner of medicine. After an exhaustive discussion of the subject, by a unanimous vote the New York State Medical society adopted the following resolutions:

First. To call the attention of the profession in general to the apparent increase of blindness in this state and in the United States, to the importance of ophthalmia in children, and to the efficacy of proper means for preventing it. Second. To request the examiners of nurses and midwives to require of the candidates some knowledge of the dangers of ophthalmia of infants and an acquaintance with the methods of prophylaxis now in use. Third. To instruct our committee on legislation to formulate and recommend the passage of a law by which all

midwives in this state shall be obliged to report the existence of any case of infant ophthalmia within twenty-four hours after its occurrence, to the family physician, to the district physician, or to some legally qualified practitioner.

3. The question as to which is the best method of extracting senile cataract with or without iridectomy, is one that is receiving the attention of every ophthalmic surgeon at the present time. Long after the flap extraction without iridectomy had been given up by most surgeons for the Von Graefe's method, Dr. Frothingham continued to make a modified flap operation without an iridectomy. The result of his experience in making over seven hundred extractions, over two hundred of these being flap operations, must be of great value at this time. His conclusions are as follows:

First. That a narrow, sharp-pointed Graefe's knife is the most convenient instrument with which to make the incision for the extraction of hard, half hard, or pasty cataracts, whether an iridectomy is to be made or not. It is the only knife with which a suitable flap can be made, one with edges in such a form as to remain in proper coaptation under the pressure of the lids. Second. The incision should not be farther forward than the sclero-corneal junction at the apex, and at the lower angles should be about one and a half millimetres behind it. Third. A large iridectomy should be made, so as to remove obstruction to the escape of the lens and avoid the danger of prolapse in the course of recovery. Fourth. The flap should be as small as possible, and yet allow of an evacuation of the lens without undue pressure. Fifth. Extraction without iridectomy requires a larger flap than would otherwise be necessary, and thus adds to the risk of suppuration of the cornea. It does not allow of so complete evacuation of lens matter. The retained lens matter, together with bruising and stretching of the iris, adds to the danger from iritis following the operation. Sixth. The dangers of extraction may be

greatly lessened by performing a preliminary iridectomy two or three months previous to the removal of the lens.

5. In the careful review of these cases, Dr. Briggs comes to the following conclusions:

First. The electro-magnet is generally a safer instrument for the extraction of fragments of steel from the anterior chamber, from the iris, or from the anterior portion of the lens, than the forceps. Second. It is practically our only resource when the steel has penetrated the vitreous chamber. Third. It is safe to retain quite extensively injured eyes, if the offending body be promptly removed and a thorough asepsis observed.

9. This reprint contains many valuable hints as to the use and abuse of the eye. Dr. Smith concludes his paper as follows:

It is the business of the oculist to understand the eye and all its abnormal conditions. Nor is this sufficient; he must be a physician and a surgeon, for many of the troubles found in the eye are due to general conditions. Sometimes the eye trouble is the first indication of the general taint. The oculist must be informed on optics, for a large part of his business is fitting glasses. The only safe rule, then, for those with any eye trouble, is to see the oculist, who will judge whether glasses are required or not, or whether any other treatment is necessary. Under his direction, the patient goes to the optician or the druggist to have the necessary prescription filled, the optician standing in the same relation to the oculist that the druggist does to the physician. If this is done, and the patient is happy in the choice of his adviser, he may rest assured that all has been done for the preservation of that faculty which is most highly prized among the senses.

10. Some of the most trying cases the physician is called upon to treat are persistent noises in the ear, and very frequently they can only be relieved by the removal

of the nasal obstruction, as detailed so admirably by Dr. Thorner.

11. The portion of this report devoted to diseases of the mastoid is of particular interest. Probably no one has done so much to place this operation upon a scientific basis as Professor Schwartze. The statement of his brilliant results, with a mortality of but little over one per cent. in opening the mastoid, is certainly an interesting as well as important one.

12. It has been estimated that from 20 to 30 per cent. of all cases of scarlatina present otitis as a complication, and about 5 per cent. of all cases of aural trouble are due to this cause. The statistics of deaf-mute institutions show that 10 per cent. of all their inmates owe their affliction to the effects of scarlatina. This is a subject that especially interests the general practitioner, as he is usually first called upon to treat these cases. The suggestions contained in this pamphlet will prove of great value in the management of these cases.

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## NOTES AND COMMENTS.

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*Ohio State Sanitary Association* held its seventh annual meeting at Dayton, November 21 and 22. The attendance was not large, smaller than for several years, owing to the impression that the Association would probably disband. Papers were presented upon various subjects, and discussed freely by those in attendance. "Comfort as a Sanitary Object," by Dr. Ashmun of Cleveland; "The Mosaic, Hygienic and Sanitary Code," by Professor Nelson of Delaware; "The Hog," by Dr. Beckwith of Cleveland, with reports by Dr. Probst, secretary of State Board of Health, on various outbreaks of disease in different parts of the state, were some of the topics discussed. As the result of a conference between a committee of the Association appointed for the purpose at the meeting in Canton last year, and the State Board of Health, Dr. R. Harvey Reed, secretary of the Asso-

ciation since its organization, reported a series of resolutions to the effect that, upon the pledge of the State Board of Health to hold at least two public sanitary conventions each year, the Ohio State Sanitary Association, on the conclusion of its seventh annual session, adjourn *sine die*. After long and candid discussion of this report, and bringing out the views of nearly every person present, together with expressions of appreciation for the service rendered to sanitary advancement in Ohio by Dr. Reed, the resolutions were adopted, and ratified at the final adjournment.

The people of Dayton were very cordial in their attentions, and Dr. Pollock of the insane asylum, with his assistants, entertained the members with a very pleasant lunch at the asylum.

*The Pineal Gland.*—The discovery that the pineal gland in man is analogous to the median or pineal eye in certain of the amphibia and lizards, may be of no practical importance, but it is certainly one of much scientific interest. The extreme vascularization of the human gland and the presence in it of sabulous particles, may perhaps lead to the demonstration of some function now useful to the organism. It will be remembered that it was held by Descartes that this gland is the seat of the soul.

About sixty children at the Ohio Sailors' and Soldiers' Orphan home at Xenia, Ohio, are suffering from scarlatina. There have been several deaths. There are 900 children in the institution.

It is said that the first medical degree conferred upon an American woman was given to Mrs. Merrick, a Homeopathic practitioner in this city.

It is estimated by the Maryland Medical Journal, that there are 2,600 female practitioners in this country. Women are prohibited from practicing medicine in Austria.

Dr. H. Longstreet Taylor has succeeded Dr. A. B. Thrasher as editor of the Cincinnati Medical Journal.

The King of Portugal, who recently died at the age of fifty-two, was an extremely interesting case. He had suffered from diabetes for a long time. Two years ago he developed a large lymphoma on the shoulder. Later,

he had symptoms of myelitis, and finally, a curious skin affection, diagnosed by Professor Neumann as multiple gangrene. Professor Neumann received a fee of \$20,000 for his diagnosis. The king had eleven physicians in attendance on him at the time of his death.—*Medical Record*.

*Hospital Appointments.*—The editor of the Cincinnati *Lancet and Clinic* suggests that trustees and managers adopt an inflexible rule that no physician should be eligible for a staff appointment who already holds one in another hospital. There is always ample professional material that is qualified and deserving without duplicating the service and honors. Unless this is done, there will always be a number who, by persistent aggressiveness, will gobble place after place, to the exclusion of others who are equally well qualified, but more modest in pushing their claims. A cast-iron rule of this character would give very great satisfaction to the entire body of the profession.

*We notice that a number of our exchanges* are making use of our condensed medical items without giving us credit.

*The Insane of Morocco.*—One of the members of the French commission, recently sent to Morocco, has contributed to a Parisian periodical a series of interesting letters respecting the internal condition of that country, and especially of Fez, one of its two capitals and the residence of the Sultan. The deplorable fate of the insane of Fez, as depicted by so reliable and painstaking an eye-witness, is such that we deem it of value to translate and reproduce for our readers the account given by this French writer of the barbarous treatment of this most unfortunate class in a populous city not many miles removed from the southern border of civilized Europe.

That the reigning Sultan of Morocco, Muley-Hassaman, energetic but unrestricted ruler, who gives the widest license to public slave markets in the streets of Fez, and who is said to have amassed enormous riches by the plunder of his subjects, should be able to maintain his policy of isolation and non-intercourse, is, as is well known, owing to the jealousy of the European powers. Great Britain already possesses two-thirds of the foreign trade of Morocco. Italy dreads the absorption of this important territory and population into French Algeria;

Austria, as a mediterranean power, and even Germany, on account of commercial possibilities, favor the existing status; while Spain, by reason of geographical relations, as well as historical rights, will, if possible, allow the plum to fall into no other lap than her own.

While riding one day in the quarter of the city occupied by the dealers in pottery ware, I noticed a crowd collected before a house as if something extraordinary was going on in the interior.

My guide cried, while pointing at the house, "Maboul! maboul!" This word means an insane person, and hence I understood that such unfortunates must be contained within the house. I wished to enter, but my guide protested as if it would be attended with danger. I acted energetically, and elbowing aside the door-keeper, penetrated within. It was indeed a receptacle for insane, for dangerous maniacs. One of them had just set fire to the place, which explained the commotion in the quarter.

These maniacs were imprisoned in boxes but little more than a yard square, arranged around a court. Their necks were in iron collars of about the size of two hands. Each collar was riveted to a large chain sealed to the wall. They ate only when relatives or compassionate friends brought them food from without.

All that I could see were clad in rags. In the first box at the entrance, a maniac was laughing as if in a moment of good humor, while at his side, the one that had set the fire was bounding with a fury limited only by his chain, and uttering frightful yells. He still had in his hand a little pipeful of "kiff," a species of brutalizing poison, even for the well inhabitants of Morocco. At the left of this latter maniac was confined an old, yellow, and dried-up man, nearly naked, and with a rail in his throat.

In an upper story of the house some twenty women were crying and gesticulating, and as I could not explain to myself their presence there, I was informed that this story of the house served as a prison for the street-walkers of Fez. Below, furious insanity; above, amorous insanity.

Only the dangerous insane of Fez are confined; the others—the harmless insane—are permitted free movement about the city. They are even respected. I often encountered a man of not less than sixty years of age, in the streets, a "maboul" who promenaded naked, as naked

as a worm, and this, too, without provoking a mocking smile even on the faces of the children. Some passers even kissed the old man's shoulder.

One grows accustomed to all things; for at the end of six weeks, I grazed past the old man without any sensation of surprise; and if I had remained six weeks longer, it is barely possible that I should have practiced kissing his shoulder.—*Alienist and Neurologist.*

*Tricks of Opticians.*—Among the numerous tricks resorted to by opticians to increase their sale of spectacles, is that of painting radiating lines in the form of a wheel on the sides of buildings, stating that if one eye is covered with a handkerchief the lines should be seen clearly and distinctly with the other eye; but if they cannot all be seen alike, the eye is astigmatic. As these tests are all placed some distance from the sidewalk, and must be seen at an angle, some of the lines of course appear more distinct than others to all persons with normal eyes. The same thing is true of astigmatic cards placed at some obtuse angle in the windows of jewelers' and opticians' shops.

But the most ingenious trick of them all has been resorted to by an enterprising optician of this city, who has had printed, for general distribution, a large astigmatic chart consisting of radiating lines on one side, and on the other some test letters purporting to be Snellen's  $\frac{20}{20}$ , which should be seen by the normal eye at twenty feet; but in reality is equivalent to Snellen's  $\frac{20}{30}$ , which should be seen at thirty feet. Among a lot of nonsense, as to the Greek origin of the word astigmatism and rules for fitting glasses, occurs this remarkable sentence: "If he cannot read the letters at twenty feet he is myopic and requires a concave glass; if he can read them at a greater distance than twenty feet, he is hyperopic and should have a convex glass." Thus it will be seen that, according to this test, no one can have normal eyes. He must be either near-sighted or far-sighted. It has been a question in our minds whether the author is so ignorant of the first principles of optics, as to think that a far-sighted eye can really see farther than a normal eye, or whether he is shrewd enough to take advantage of this expression, "far-sighted," which is really a misnomer, to swindle an ignorant public.

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## ORIGINAL ARTICLES.

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ADDRESS BEFORE THE PITTSBURGH OBSTETRICAL AND GYNECOLOGICAL SOCIETY, JANUARY 9, 1890, BY THE RETIRING PRESIDENT, R. STANSBURY SUTTON, M.D., LL. D.

GENTLEMEN:—Another year has closed. A new presiding officer is to take the future direction of your meetings. My final duty, that of thanking you again for the honor you conferred upon me, and of delivering a brief address, is at hand.

This meeting marks your fifth anniversary. Five years have gone. During these you have all listened to, and contributed to, the many profitable meetings of this body. This society has rapidly attained an enviable position. It has moved on harmoniously with the Allegheny County Medical Society, and has been treated courteously by the entire profession. This is a cause of genuine congratulation. In addition to all this, the society has contributed substantially to the improvement and progress of its own members. It has borne good fruit. Its members are found in the front rank of their class, and as such are recognized both by the profession and the community.

So long as the society continues to attain a higher order of excellency among its members, it will continue to improve, and be a help to all who attend its meetings. During the last year it has ventured to journalize its proceedings. The effort has been successful, and the society has taken a position in the line with its sister societies of the country. The Pittsburgh Medical Review has faithfully printed the proceedings of our society, and deserves our thanks, not only for its courage, but also for its kindness. Our society is small. Its membership is characterized by earnestness of purpose. Time will add more men who desire to learn of their fellows, and who desire to be heard themselves. Pittsburgh has not in the past been a great factor in the medical and surgical problems of the day. But she has always possessed men of sound medical knowledge, and of undoubted surgical skill. They have always worked more than they have written, while men of more pretentious towns have frequently reversed the matter.

But Pittsburgh is growing more metropolitan as well as more gaseous, and probably in the future it may learn how to work less and write more. Thanking you again for the expression of your confidence, time bids us hasten to the more practical, and possibly more useful, material of this address.

The subject selected for this occasion is: "Some remarks upon one hundred completed abdominal sections." This subject was selected because it was supposed that you would expect a practical address, and because it has been my lot to have been the first Pittsburgh surgeon who has completed so many intra-abdominal operations. It is a matter of regret that I cannot give a better account of myself, but I can conscientiously say that I have so far done my best, and that, if spared health and present faculties for work, I will endeavor to do better in the future. Before proceeding to details, permit me to say a few words concerning the earlier progress of intra-abdominal surgery in Western Pennsylvania. The first

attempt to perform an abdominal section in this end of the State occurred in the autumn of 1828. The place of operation was a house on Sixth street, below Penn avenue, near the suspension bridge. The operator was Dr. James Speer. He was assisted by the late Dr. Addison. Dr. Speer is still living. He opened the abdomen, and exposed a large tumor with extensive adhesions, and of malignant appearance. He proceeded no further, but closed the wound. The patient, a female, died some weeks or months later. The incision was made without an anæsthetic, and Dr. Speer says that at the time he was not aware of McDowell's operations done in Kentucky, at an earlier period. Dr. Speer never made another attempt. The courage displayed in this effort was worthy of the highest commendation. From 1828 to 1850, no abdominal section of which any record can be obtained was made in this end of the state. Prior to this date, Dr. Walters, a man of undoubted surgical skill, settled in Pittsburgh. During his long surgical career in this city, it is a matter of record without date that he opened the abdominal cavity to repair a ruptured bladder. The operation was successful, and when published, stood alone. Inquiry has failed to discover that Dr. Walters did any laparotomies beyond this to illustrate his skill and his great courage. Up to 1867, so far as I have been able to learn, no other abdominal section was recorded by Pittsburgh surgeons. But prior to this date, the older McCook had done a supra-vaginal hysterectomy. He removed the uterus with a large fibroid tumor, and found it to contain also a well-developed fœtus. This specimen is to be seen in the Army Medical Museum at Washington. The first ovariectomy done in Western Pennsylvania was done in the town of Indiana, my own birth-place, by Dr. Thomas St. Clair.

The operation was made about 1854. So far as I have been able to ascertain, the first ovariectomy by a Pittsburgh surgeon was done by Dr. A. M. Pollock, on March 10, 1867.

Between 1860 and 1867 the Atlees had operated in this end of the state. Long prior to 1867 ovariectomy had become a fairly well established operation. From 1867 to 1875 a considerable number of ovariectomies, and possibly a few supra-vaginal hysterectomies, were done hereabouts. Of the former something can be learned, but nothing except vague rumors can be learned of the latter, McCook's case excepted.

Even at this late date no one had attained any special notoriety for abdominal surgery, and the operators here were few. Among those who have died were Walters, McCook, Reiter and Dickson. In 1875 I was a young man engaged in general practice. An unmarried woman consulted me on account of an abdominal enlargement which her more straight-laced neighbors had diagnosticated a pregnancy.

An examination revealed an ovarian cyst. I had seen Dr. Washington L. Atlee operate in 1863, and assisted him once in 1866. My attention had been called especially to the subject of ovariectomy in copying into a book a long correspondence, in my student days, between Dr. Thomas St. Clair and Dr. Washington L. Atlee in regard to the preparation and subsequent treatment of women who were to be the subjects of ovariectomy. I was curious to attempt the operation; the young woman was poor, of robust constitution and modest demeanor. She was a packer in a factory. Her brother and her mother had both been patients of mine and she was willing that I should demonstrate by operation her innocence of all crime.

On June 25, 1875, I operated on her at the Western Pennsylvania Hospital. Dr. Snively gave the anæsthetic. Drs. King and Daly assisted, and the remainder of the staff were present. The diagnosis was proven to be correct, and the young woman recovered, subsequently married, had two children, and is still living. Thus my start in ovariectomy was made. My second case was also a young woman. She had been tapped several times by

Dr. Walters during his life ; she was referred to me by Dr. Rohauser, who with Dr. F. Lemoyne assisted at the operation. She recovered, married, has had five children and is still living. My seventh case was a patient of Dr. William J. Langfitt. She was a young woman, often tapped, constantly leaking from an unhealed trocar wound, broken down, and apparently a hopeless case. At the operation adhesions to almost everything, including the liver, were encountered. She recovered, married, has had two children and is still living. Of my first seven cases four died. They were bad cases in the hands of a young operator. This mortality so impressed and discouraged me that I determined before attempting another case to visit a number of foreign operators and endeavor to learn something substantial concerning intra-peritoneal surgery.

After an absence of almost two years, during which time I had witnessed more than one hundred abdominal sections by Billroth, Schröder, August Martin, Keith, Lawson Tait, Bantock, Thornton, Spencer Wells, Pean and Kœberle, I returned to Pittsburgh and began to operate again. My first three ovariectomies died. It did not look as if my pains, loss of time, and expense had profited me much. Enemies took advantage of it, anonymous journal and newspaper notices were not wanting. Something was wrong. It was not in homes that I had witnessed operations abroad, the technique of the foreign hospital was impossible in such a place. I had seen much. I now realized that experience was necessary. After mature reflection the necessity of opening a private hospital seemed absolute. It was done, and the result has been satisfactory. Courage is a good attribute of character. Experience, after extended observation upon which to establish it, is indispensable to success in abdominal surgery. Experience without having enjoyed the opportunity for extended observation in clinical work, is liable to be attained at the expense of life. Fortunately, now opportunities for observation are more readily found, and

the earnest inquirer may gain access to the operations of those already established in work. Up to the present date I have opened the abdominal cavity more than one hundred times. The first fifty cases have already been published, and a few also of the last fifty. In time all will be. For the purpose of this address, I will state that of these operations there were seventy-two completed for the removal of ovarian cysts, parovarian cysts, intra-ligamentous cysts and diseased ovaries and tubes. Three of the cysts were dermoids containing bone, teeth, fat, skin elements and hair. Four of the cysts had twisted pedicles and were disorganized to a considerable degree: their walls were brittle and sodden, ashy in color, and in two, adhesions easily separated, were numerous. In one case there were two cysts intra-ligamentous on both sides, and the uterus, above the vagina, was removed with them. The patient recovered. A double enucleation and a supra-vaginal hysterectomy were made at the same time.

When the first few cases were done—seven in number—between 1875 and 1881, the clamp was still in use for securing the pedicle. Since the spring of 1883, I have used the ligature and Paquelin cautery, or Baker Brown's clamp and cautery as taught by Keith. Prior to 1883, sponging of the abdominal cavity was relied upon to cleanse it after operation. After establishing a private institution in which to operate, my former difficulties disappeared. In my first ten cases done outside of the private hospital, seven cases died, a mortality of  $66\frac{2}{3}$  per cent.

It is true that nearly all the cases were bad ones. I lacked experience and was operating wherever the patients were found. This ceased, and of the next ten cases, nine of whom were operated in the private hospital, but one died. The tenth of the series was done at McKeesport. It was a case of twisted pedicle, a rotten cyst, and a blood-poisoned, exhausted woman. She was a patient of Dr. Van Kirk, who did all in his power to save her life. The mortality in this second series of ten cases dropped to 20 per cent.

In the third series of ten cases, all done in the private hospital, two died, the mortality still stood at 20 per cent. Of the two fatal cases, one had contracted kidneys, and the other had been tapped almost to death before I saw her. In the fourth series of ten cases, in the fifth series of ten cases, in the sixth series of ten cases, and in the seventh series of ten cases, no deaths occurred. Of the eighth series of ten cases, but two have been done up to this moment, one of which has been fatal. Of the twenty-eight remaining to make up the one hundred cases, eighteen have already been published and ten remain to be accounted for.

The operations represented in these twenty-eight cases were as follows: Supra-vaginal amputation of the uterus, the unpublished cases of which have recovered. Two resections of the ileum with one death. The removal of the entire omentum on account of colloid disease, the patient recovering. One successful cholecystotomy, two abdominal sections for very large abscesses—more than a gallon of pus in each of the cases—one dying of septicæmia (Dr. Bane's case), and the second (Dr. McCurdy's case), two months later of amyloid disease of the liver and kidneys. Both of these cases were of necessity done at their own homes, which were exceptionably favorable places for operation. There were also three exploratory laparotomies, all the patients recovering. Of the seventy-two ovarian cases, there have been, all told, twelve deaths. Seven of these occurred in the first ten cases, leaving sixty-two cases with five deaths, a mortality of 8.06 per cent. In the second series of ten cases, there were two deaths, leaving fifty-two cases with three deaths, a mortality of 5.76 per cent. In the third series of ten cases, there were two deaths, leaving the last forty-two cases with but one death, a mortality of 2.39 per cent. These cases were unselected, taken as they came, and presented every variety of ovarian and tubal disease. In the last fifty abdominal sections made for the purpose of removing diseased ovaries, cystic and non-cystic, including

two exploratory incisions, there were two deaths, and in the last forty-four cases but one death. Add to these one supravaginal hysterectomy for a nine-pound fibroid tumor, and a myomotomy for a large but smaller fibroid, and one successful cholecystotomy, and the last forty-seven abdominal sections made for women, have been followed by but one death, a mortality of but 2.1-8 per cent. in a variety of operations done in succession. Having told you the story of the operating table, it remains to tell you something further of the methods followed.

Very soon after the beginning I abandoned the habit of operating in homes, and as far as practicable have operated only in my private hospital. The advantages to the patient and operator are great. The nursing is, as a rule, better. The hygienic surroundings are more under control, the precautions looking to the avoidance of sepsis are more thoroughly understood by the attendants, and are more successfully carried out. An audience is more critically selected, or avoided. Everything for an emergency is at hand, the patient is kept more secluded, and faults in her diet are less likely to occur. The assistant is always the same individual, and besides this, my assistant, Dr. Williamson, is a most skillful physician, and unremitting in his attention in times of danger. The disadvantage of homesickness and separation from friends has not, in my experience, been a serious matter. The encouragement afforded those to be operated by those already operated and convalescent, has been a very marked feature in favor of the private hospital. The greatest objection which can be urged against the private hospital system is that it often consumes all the pecuniary consideration even in a series of cases.

About five years ago I abandoned all Listerian methods, trusting to good surgery and scrupulous cleanliness for my results in all operations within the cavity of the abdomen. I use plain boiled or distilled water for sponges, instruments and flushing. The instruments and ligatures are scalded, the hand basin for use during the operation

contains pure water, the instruments are carefully cleaned before they are scalded, the sponges are prepared after Tait's method, the patient, operator, assistant and nurses are clean as to their persons and clothing.

Before beginning an operation we clean our hands with soap, water, nail-brush and penknife, and finally of late we have all finished them off in a weak solution of chlorinated soda. For a long time after the wounds had been closed some iodoform was dusted on the surface, but it formed crusts and prevented serous exudation, and it was abandoned. Latterly thymol gauze has been substituted for the iodoform, and when it is not at hand plain cotton is used. Iodoform, by reason of its odor, is a nasty thing about the house, and its exsiccating powers make it an objectionable wound dressing. No drug of any character is permitted to enter the peritoneal cavity at the time of operation.

For sutures silk and silkworm gut are used exclusively. In the last five years there have been but seventy-five cents expended for silver wire, and one-half the wire is still unused. During the period mentioned irrigation of the cavity with hot water has been practiced. For a long time the water was poured from a pitcher, then an overhead bag with an ordinary vaginal syringe nozzle was substituted; later I have adopted my own apparatus. With this but little sponging is required, and it is not necessary, if the operator desires to drain the case to remove all the bloody water; and in cases where there is no oozing, and drainage is not necessary, considerable water may be left without detriment.

It is not unusual to see an exhausted patient much resuscitated by the rapid absorption of water from the peritoneal cavity. It has occurred to me that some day we will puncture the abdominal wall with the aspiratory needle, and introduce salt and water into the peritoneal cavity, instead of putting it directly into the blood-vessels, in cases exhausted by hemorrhage. Transfusion by this method would be easy and effectual.

Peaslee, in his day, used salt and water for cleansing the abdominal cavity. Plain boiled or distilled water has been used for years without a single accident having been reported. A French surgeon, Polaillon, reported a death which followed abdominal flushing with carbolized water. This I regard as a verification of my opinion, that water impregnated with carbolic acid or bichloride of mercury is dangerous when introduced into the peritoneal cavity.

In the autumn of 1887 I enjoyed the honor and pleasure of a visit from my friend, Dr. Bantock of London, England. He gave me his views concerning the use of opium, after which I abandoned its use as much as possible, and I think with advantage.

During the last two years chloroform has been largely substituted for ether, and certainly with advantage in this, that less sickness follows the operation. When, however, vomiting does occur, frequent sips of hot water or small effervescing alkaline draughts have usually allayed it. When persistent, occasionally it has been sufficient to withhold all drink, and small doses of sulphate of magnesia will succeed best.

Experience proves that in abdominal surgery it is important to do nothing that will lock up the secretions, and to select such remedies as will stimulate them. Before all operations the skin, kidneys and intestines should be put in the best possible condition for elimination, and these conditions should in no wise be interfered with. Within the last decade abdominal surgery has been the theme of the surgical writer. Its modern progress emanated from Kœberle and Keith. After them came Lawson Tait, a Hercules in the fray, and side by side with him Bantock has worked most successfully. To these men the female sex of the world owes an immense debt of gratitude. To their teachings the surgical world will be ever in debt.

In conclusion, let me urge the younger members of our society to push onward in every laudable effort to secure information. Learn to work patiently despite difficulties. To all of us, let us realize that the greatest pleasure of life

is to do good, and so far as possible let us add to our knowledge by continuing to learn of one another, and let us not fail to extend the right hand of fellowship to every man whose decorum is that of a gentleman, and whose watchword is relief to suffering humanity.

Work on. Work "heart within and God o'erhead."

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## EPILEPSY AS A DEFENSE FOR CRIME.

[An extract from a paper prepared for the Medico-Legal Society of New York.]

BY J. J. ELWELL, CLEVELAND, OHIO.

Epilepsy does not necessarily abrogate responsibility, for in most cases there is ability to reflect, consider, weigh the chances of detection and the dangers of punishment. They can withstand the impulse to do wrong by an effort of the will, and are able to choose—to know—to refrain from an evil act. He knows what he is about and can do or not do. There being the power of choice and reason—having power over his will—he cannot say he "could not help it." Epilepsy, therefore, is not insanity, though insanity may result from it. Unconsciousness in the epileptic is the essential test of irresponsibility. I have been unable to find a recorded case of crime by an epileptic, during a paroxysm, with a recollection of what had happened in detail. Such a case, probably, does not exist. Recollections of what happened and the circumstances surrounding the case and responsibility go together.

No more interesting question is presented to the medico-legal inquirer than that of occult or incomplete epilepsy in relation to the question of responsibility. A history of each such case requires the closest and most patient study if the disease begins early in life, as is usually the case in incomplete forms of the disease. It is necessary, in traumatic epilepsy, claimed to have been developed by an accident, in a suit for damages, to look carefully into the

case to ascertain if there has not existed for a long time idiopathic disease of an epileptic character. A dishonest patient has been known to take advantage of such long-standing disease, and claim the accident was the sole cause of the epilepsy. It may have been congenital, or there may have been a form of imbecility, easily developed into epilepsy by a shock.

An imperfectly defined homicidal mania is sometimes found as a post-paroxysmal condition, or may suddenly arrive without warning or paroxysm. The epileptic may do a violent act of which he is unconscious afterwards. Dr. Allen McLane Hamilton mentions a patient in his practice who sometimes loses consciousness, though she does not fall to the ground or show spasmodic actions, yet will strike those about her at times and use foul language. She would suddenly recover her senses and be oblivious to all she had done and said. Crime is sometimes committed at such unconscious times, and no one is more surprised or grieved than the epileptic. The same distinguished author gives the case of a patient under treatment—a quiet man, a devoted father and husband, suffering from epilepsy for years—suddenly, at the table, changed color, assaulted his wife, chased her down the street, finally killing her. He recovered at once, and was overwhelmed with horror to find his clothes covered with blood and his wife dead at his feet. Probably the wild act itself and the bloody scene before him produced a shock to his nervous system which broke in on the morbid state of his mind, bringing him to sudden consciousness, just as sudden and unexpected good news has been known to dispel entirely a malady to the nervous system, like a severe headache. General Grant, in his memoirs, mentions the fact that on the rainy night before the surrender of Lee, having had no rest or sleep for several nights, and all of which time his mind was under the severest tension and anxiety, he was suffering from a violent headache; that after Lee had, by letter, refused the terms of surrender which he had offered him, a second letter was received

from the rebel general accepting the terms proffered. Instantly, while reading, the nervous headache vanished. These freaks of the human mind, sane and insane, are absolutely insolvable. All we know is that such effect follows such cause.

It is on this dark border-land, between responsibility and irresponsibility, where lies the medico-legal battle ground, when epilepsy is interposed as a defense for crime. Some cases will illustrate the subject better than elementary matter.

The Max-Klinger case, tried twenty years ago, is in point. A boy eighteen years of age killed his uncle, approaching him from behind and shooting him with a pistol. The wife of the murdered man was struck down also. The boy, taking what money he could find, escaped. When arrested he confessed his crime, alleging that his uncle had angered him. After conviction it transpired that when a child the boy had a fall rendering him insensible, the skull being depressed, which depression still existed. In the meantime he had been subject, it was alleged, to fits and temporary insanity, to which was added a strong family history of insanity and epilepsy. A second trial on this new evidence resulted in a second conviction. While it was claimed that epilepsy existed, Dr. Clymer doubted that the prisoner had a fit on the morning or near the time of the murder, and says there was great ingenuity manifested in his written account of his disease. He remembered all that transpired in connection with the crime, which is not the case in genuine epileptic insanity.

The famous Walworth case is another good illustration of this epileptic condition of mind that may be, and sometimes is, mistaken for genuine epileptic insanity. So strongly marked was this case that the great and conservative Dr. John P. Gray of Utica was undoubtedly deceived by young Walworth's previous history, as given in evidence by his mother. It will be remembered that he called his father to his room in a New York hotel and shot him.

His mother, in her testimony, said the boy at times "showed extreme pallor, and I noticed a pinched look on his features, expressing severe suffering, both mental and physical ; it alarmed me so much that I did not rest." This condition of mind was noticed at such times as he witnessed the quarrels between his father and mother. Told his father "this must not be." "After the first occasion I rarely spoke to Frank of his father ; we very rarely spoke of him ; on a few occasions, during the first few months when I was receiving Mr. Walworth's letters, I saw him reading them, and noticed some of the same symptoms each time. He was, before I let him know about his father, a gay and joyous boy. After I ceased to receive letters from his father, I frequently noticed similar symptoms without knowing the cause, and thought his health was affected ; once I saw him most violently affected, as I knew next day by receiving a letter which he had read. I called one of the children, saying: 'Frank is sick.' I went up and found his body rigid and this pallor, of which I have spoken. I applied such restoratives as I could, and he shortly fell into a profound sleep for an hour. There was a notable failure in his memory ; he was absent-minded ; go down street and forget his errand ; he was abstracted at the table and elsewhere ; several times screams from his room awoke me ; his pillow was stained at times ; his character was invariably good ; he never uttered threats against his father." It appeared from the evidence of the defense that he had nocturnal attacks, and blood-stains had been found on his pillow ; that he had convulsions and frothings at the mouth, and that while playing ball he became insensible for half an hour. Dr. Grant testified to the existence of apparent epileptic attacks connected with change of conduct. Drs. Parsons, Kellog and Meredith Clymer did not believe Walworth to be suffering from epileptic mania at the time of the murder, while Dr. Gray did. He was convicted of murder in the second degree and sentenced to the state-prison for life. He was ultimately sent through the Utica asylum to liberty. He

was conscious of all he did. The murder was well planned and successfully carried out according to the plan. He was properly convicted. Very high authority in medico-legal science does not believe Walworth's mental state, at the time of the murder, was that known as post-paroxysmal, and that the history of the case indicates responsibility. Between wickedness and eccentricity on the one hand, and absolute obliviousness of conduct, or annihilation of intellect on the other, are found all degrees of aberration of mind and responsibility. Great difficulty arises in cases like that of Walworth's. There is but little difficulty in one like that of Fyler, the first one tried in this country (1855), where epilepsy was interposed as a defense, because he was entirely oblivious to all that he had done; consequently irresponsible.

Insane persons may be epileptics and commit crime, the crime not depending upon a feature of the epilepsy, but from some hallucination existing independent of the epilepsy. Such a case was that related by Brierre de Boismont: "The lunatic who some years ago killed Dr. Geoffroy, chief physician of the Avignon Asylum, was epileptic and subject to hallucinations. Several days before the murder he heard a voice saying to him, 'Kill the doctor; if you don't you'll be unlucky.' His conduct established in the clearest manner that he had contrived his plans and acted with judgment. When the doctor came he complained of pain in his foot, begged him to examine it, and while the medical man was stooping, seized him round the body and plunged into his side a piece of iron that he had sharpened for this purpose. Although it was certain that he had meditated upon the project, and waited for a favorable moment to put it into execution, his antecedents and the examination left no doubt as to the derangement of his faculties and his continuous state of madness; he was not, therefore, brought to trial."

Time will not permit me to illustrate the different phases of this interesting subject by additional cases.

Epilepsy may exist for years or a lifetime without mental failure.

Some of the most noted men in history, like Mahomet, have been epileptics.

It is only a symptomatic condition itself, but one of importance.

The wills of epileptics are seldom set aside, if made between paroxysms, which is the important point; and as having an important bearing on the sanity of most epileptics, attention is called to two leading cases.

A case where a will was made between epileptic attacks is :

Matter of Ross } 12 N. Y. Weekly Digest, 34.

The testator suffered from epileptic convulsions, resulting in acute mania and confinement in a lunatic asylum in April, 1879. He was discharged May 12 same year. At that time the superintendent testified that testator's mind was good and that between attacks he understood what he was doing. On May 21, 1879, he executed a will. His family physician testified that at that time he was of sound mind and memory and capable of making a will. Testator was again attacked with convulsions on June 11, 1879, and died June 24, 1879. Held that testator was sane at the time the will was made.

Brown }  
vs. } 94 Illinois R., 560.  
Riggin }

In this case epilepsy was complicated with pneumonia, and a codicil made while suffering from alleged delirium. Elizabeth Riggin, aged 62, November 14, 1868, had an epileptic fit and was rendered unconscious, complicated with pneumonia and occasional delirium, during which she would be unconscious. Before her illness she was intelligent and strong, though nervous. She was a gifted woman. There were lucid intervals in her delirium. November 23, 1868, she executed her will, adding three codicils between that time and her death, July, 1875. In the circuit court it was found that she was not competent

to make a will, though the witnesses to it testified to her soundness when the instrument was executed. On appeal to the Supreme Court of Illinois this finding was reversed.

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## REPORT ON PROGRESS IN OTOLOGY.\*

BY ALBERT R. BAKER, M.D., CLEVELAND, OHIO.

### BIBLIOGRAPHY.

During the past year a little work on 'The Diseases and Injuries of the Ear, Their Prevention and Cure,' has appeared, by C. H. Burnett of Philadelphia. Being a work designed for the laity more particularly, yet it is such a decided improvement over the usual books of this kind, that we deem it worthy of mention in this report.

Also a work by Dr. Samuel Sexton of New York, on diseases of the ear. This is a book of more than ordinary value. Although not covering the entire field of aural surgery, it treats some subjects more fully than any other work in the English language, and it is of special value as being the outgrowth of the experiences of the author, and not a rehash of what has been written before.

A revised edition of Buck's excellent work on the ear has recently been issued. It has been rewritten almost entirely, and profusely illustrated, and in the present form will undoubtedly prove of unusual value, especially as a text-book for medical students.

A number of special articles have been published in the medical journals during the past year, especially on mastoid diseases, and diseases of the brain as a result of ear troubles, among which we may mention those of Frothingham, May, Bishop and Baker.

### NITRO-GLYCERINE IN THE TREATMENT OF TINNITUS AURIUM.

Many articles have been contributed to this subject during the past few years. After a fair trial of the remedy

\* Read before the Cuyahoga County Medical Society, August, 1889.

I have come to the following conclusion, which coincides with that of Lautenbach of Philadelphia, that it is of value in certain cases of tinnitus aurium, especially those in which there are cardiac lesions, either functional or organic, and where there is little or no loss of hearing.

#### INFLUENCE OF THE TELEPHONE UPON THE HEARING POWER.

Blake says: "Under the condition of fatigue and relaxation the ear becomes peculiarly susceptible to the shock sustained by such sharp metallic sounds as are constantly apt to occur in the practical use of the telephone—sounds caused by sudden variations in current, and the breaking of connections; the danger to the ear, already impaired in its accommodative power by middle-ear disease, being both from the tax upon its enfeebled accommodation and from the sudden shock of sounds to the ear. The danger to the ear is always greater from such forms of receiving telephones as are attached to the head; a proper precaution should be taken that the telephone be held a short distance from the ear, or at an angle of about forty-five degrees in front of it."

Later experiments have been made by Professor W.W. Jacques, who had arrived at very similar results. The author concludes by saying that these facts should be well borne in mind, especially since the telephone is an instrument the use of which will, in the future, increase rather than diminish, and since it is, moreover, not likely, with our present knowledge, to be essentially improved, since the principal gains in clearness and distinctness of sound transmitted have come from improvements in the means of communication rather than from changes made in the receiving instrument itself, all attempts at dampening the high metallic overtones and improving the qualitative distinction between the consonant sounds by changing the structure of the receiving telephone having resulted in a corresponding loss of that intensity of which, as had been shown, there was so little to spare.

## EPILEPSY DUE TO POLYPUS OF THE EAR.

Saurez de Mendoza reports a case of a man of twenty-eight, who had been an epileptic for twenty years, who consulted him concerning a discharge from one of his ears, which had come on immediately after an attack of typhoid fever in his eleventh year and had always been considered a sequel of the same. On examining the ear it was observed that there was an enormous, wine-red polypoid growth which extended to the base of the tragus. Touching this tumor with his probe, the physician was astonished to see his patient fall into an epileptic fit, and when the crisis passed off he was informed by the patient that this result always followed a touch of the tumor. The physician removed the tumor by means of a snare, a delicate operation, by reason of the causes just stated. A good many sésances were necessary to accomplish the entire removal of the mass and the cauterization of the pedicle, but at the end of twenty days the man was discharged cured of the otorrhoea and of the epileptiform seizures. The result seems to have been permanent, as the patient remained for some time under observation and there was no return of the malady. The perforation of the membrana tympani, however, persisted.

## DISEASES OF THE EAR IN THE NEGRO.

T. E. Murrell, Little Rock, Arkansas, says that eczema is seldom seen, parasitic otitis never. Suppurative forms of otitis media are not infrequent in children of the race, but are seldom seen in the adult. The mastoid process is but slightly developed, and mastoiditis is never seen. Chronic aural catarrh is so rare that the Negro may be said to enjoy complete exemption from it, as also from affections of middle ears, nose and pharynx. Hypertrophic rhinitis is extremely rare. Out of a few thousand whites, one can generally pick out a few persons disagreeably deaf from some middle ear process, but rarely indeed is the Negro thus affected. Again, deafness, as a senile change, is rare. At times of sweeping epidemics of cere-

bro-spinal meningitis, with its thousands of victims, it is of rare occurrence in the full-blooded Negro. Deafmuteism, however, occurs. Errors are made in reporting the Negro as "colored," when by far the large majority are mixed. Murrell neglects, strange to say, to mention the great frequency of fibrous tumors of the lobe, to which Lawrence Turnbull has repeatedly called attention, and the occurrence of which he attributes to the wearing of brass jewelry. Impaction of cerumen is of rare occurrence, not only on account of the large size of the meatus, but also because such collections are seldom found in plebeian ears. Luxury, meddlesome ablutions, and the profligate use of soap cause impaction.

The statement that mastoid affections are *never* seen in the Negro must be taken with some allowance. One of the severest cases of mastoid inflammation I have ever met was in a Negro. And I also remember another case operated upon by a member of this society, at the infirmary, some years since.

#### THE TUNING-FORK AS AN AID IN TESTING CENTRAL AND PERIPHERAL HEARING.

Dr. Roosa and others have done much to place this test upon a more scientific basis than has been done before. It has long been known that when the tuning-fork is heard better through the ear than by bone conduction, it indicates that the affection is a nervous one, rather than of the sound-conducting mechanism of the ear; it has, on the other hand, been noticed that when the bone conduction was better than ear conduction it indicated an affection of the external or middle ear.

As to the practical value of this test, much diversity of opinion has been held, and as to the best method of making it there has been little or no uniformity. As the test is a subjective one, much depends upon the intelligence of the patient and the tact of the physician in applying it. It is necessary to apply the tests to both ears of the patient and compare the result. Much more satisfactory conclusions can be arrived at by testing the length of time the fork can be heard than by testing the relative loudness of it.

## THE PHYSIOLOGICAL PURPOSE OF THE TYMPANIC MEMBRANE.

Valuable papers have been contributed to the literature of this subject by Richey, Gegenbauer and others.

It has been the observation of everyone who has examined many ear patients, that some of these patients who have lost the entire drum membrane are still able to hear quite well. I have no doubt but that every member of this society has met such individuals in professional, social and business transactions frequently, and never suspected that they were suffering from ear disease.

The frequency of these observations has led many observers to question the generally received opinion that the drum membrane is an essential part of the hearing apparatus, and the belief of these writers, that the physiological purpose of the tympanic membrane is to protect the ear from the entrance of air, foreign bodies and other deleterious influences, is rapidly gaining ground among otologists.

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RÖTHELN.\*

BY DR. H. H. SPIRES, EDINBURGH, O.

In the spring of 1888, an epidemic of rötheln occurred in our village of Edinburgh, O. It included over forty cases; was traced by contagion to three adjoining townships, and embraced all ages from the infant in arms to the heads of families; three cases past forty years of age and one fifty-seven years of age. No other acute disease prevailed at the time. It seemed to attack indifferently those who already had scarlet fever and measles. From closely observing this epidemic, these facts seem to be established:

1. Rötheln usually appears in epidemics.
2. Rötheln is a specific disease, distinct from scarlet fever and measles.
3. After the first outbreak, rötheln is generally conveyed by contagion, but in some cases may be conveyed by fomites.
4. Rötheln has an incubative period of from nine to fourteen days.
5. Rötheln is not "preëminently a disease of childhood," but may embrace every period of life.

\*Read before the Portage County Medical Society, December, 1889.

# The Cleveland Medical Gazette.

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EDITED BY A. R. BAKER, M.D., AND S. W. KELLEY, M.D.

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## EDITORIAL.

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DR. JOHN C. PRESTON.

One of the saddest events we have been called upon to record in several years is the death of Dr. J. C. Preston, who attended the meeting of the Cuyahoga County Medical Society, Thursday evening, January 3. He presented his quarterly report as treasurer of the society and participated in the discussion of the subject of the evening: "Medico-legal Aspects of Insanity." About ten minutes after he had taken his seat, some of the members sitting near him noticed that he was not looking well, and shortly afterward he commenced vomiting. He was placed upon the floor and it was found that he was unconscious. He was immediately removed to his home, 429 Cedar avenue, and died, without regaining consciousness, at three o'clock the next morning. The autopsy revealed a large hemorrhage into the left lobe of the brain, which extended downward and involved the pons and spinal cord.

Dr. Preston was born at Tallmadge, Summit county, Ohio, December 8, 1819. After studying medicine, he was admitted to the profession and practiced in Brunswick, Medina county, for twenty-six years. He was an ardent lover of his country, and when the call to arms summoned patriots to rise and defend the flag, he responded and joined the Seventy-third Ohio regiment and served as surgeon for two and a half years, until the close of the war. At the battle of Gettysburg the Eleventh and Twelfth corps were consolidated to form the Twentieth, and Dr. Preston accompanied his regiment with Sherman on his march to the sea.

In 1869 Dr. Preston came to this city, where he has practiced medicine during the past twenty years.

At the time of his death he was treasurer of the Cuyahoga County Medical Society, a position he has occupied for many years. He was also an active member of the Northeastern Ohio Union Medical Association, the Ohio State Medical Society and the American Medical Association.

At the organization of the Case Avenue Presbyterian church Dr. Preston became a charter member. He was elected an elder, and occupied that office until his death. He was unwearied in helping to build up the church of his choice. His wise counsel and great familiarity with ecclesiastical usage gave him a commanding influence with his associates in office, who always respected his judgment and acknowledged the wisdom of his plans. But while an earnest supporter of his own church he was interested in whatever made for truth and righteousness. No meeting was ever called in the interest of the church, the Nation, or the community but Dr. Preston was found to be present. He never consulted his own ease or personal indulgence when great interests were at stake, and if service or sacrifice was demanded for the general good he was always willing to render them. The poor have lost a warm friend and helper in his death; if anyone needed medical or financial aid the appeal was made to the doctor, and if he could render it, never in vain.

So, in a good ripe age, full of honor, respected and beloved by all, with a noble character and reputation which his family will love to cherish, useful up to the very last night of his life, Dr. Preston "rests from his labors and his works do follow him."

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### A COMMITTEE ON NOMENCLATURE.

Several of our exchanges have lately been making suggestions with regard to correcting the loose use of medical terms, all of which are excellent in their way, but the trouble is that there is no standard authority to define what terms shall or shall not be used to express certain definite pathological conditions. One writer suggests a very convenient distinction between the terms diphtherial and diphtheritic; the one to denote lesions, due to the specific micrococcus of diphtheria, and the other to be applied to diphtheroid affections—all very well if the profession in general could be brought to use the two terms strictly in the sense mentioned. Another writer suggests that the terms tubercular and tuberculous be used to express the analogous distinction between lesions due to or accompanied by the bacillus tuberculosis and such as are tubercular in gross appearance only—very convenient this would be were it not morally certain that one physician will prefer to use "tubercular" to express what another will insist on calling "tuberculous," thus making confusion worse confounded. It would seem that the time has come when the American Medical Association can advance the interests of science by appointing a standing committee on nomenclature to which suggestions of the above character can be referred, with power to decide as to the sense in which terms shall be used. We believe that every medical writer in the land would welcome the establishment of such a final authority on definition of terms and would gladly conform to its decisions. A standard use of terms would thus come into vogue, giving a precision as yet unattainable to medical writing and thinking.

# HEALTH REPORT—CITY OF CLEVELAND.

Total deaths for 1889, 4,414 ; Births, 7,662.

Deaths from Diphtheria, 252.

Deaths from Scarlet fever, 60.

Deaths from Croup, 119.

Deaths from Whooping-cough, 35.

Deaths from Typhoid fever, 185.

Deaths from Cholera Infantum, 232.

Deaths from Cholera Morbus, 6.

Deaths from Acute Diarrhœa, 162.

Deaths from Malarial fever, 25.

Deaths from Cancer, 102.

Deaths from Rheumatism, 35.

Deaths from Consumption, 368.

Deaths from Pneumonia and Congestion of lungs, 348.

Deaths from Acute Bronchitis, 82.

Deaths from Chronic Bronchitis, 19.

Deaths from Suicide, 32.

Deaths from Surgical Operation, 12.

Deaths from Accident, 150.

It is a curious coincidence that the total number of deaths is exactly the same as that of last year.

The death rate continues alarmingly high. For the week ending at noon on Saturday, January 25, 146 deaths were reported at the Health office against 74 for the corresponding week last year, and 91 for the same week in 1888. Pneumonia again leads the list of causes with 29 deaths against 31 for last week and 22 for the preceding seven days. Consumption caused 14 deaths, convulsions and old age 10 each, measles 9, diphtheria 8, bronchitis 7, paralysis and brain disease 5 each, typhoid fever and congestion of the lungs 4 each. The death record for the past three, together with comparisons with the same weeks in 1888 and 1889, is as follows :

|                                 | 1890. | 1889. | 1888. |
|---------------------------------|-------|-------|-------|
| Week ending January 25, . . . . | 146   | 74    | 91    |
| Week ending January 18, . . . . | 152   | 72    | 81    |
| Week ending January 11, . . . . | 136   | 48    | 61    |

## "LA GRIPPE."

Considering the pandemic extent of this disease, and the remarkable number of cases of it, very little is to be found upon the subject in current medical literature, probably for the reason that the profession has been so busy attending to it as to have no time for writing about it. But the subject is too important to be passed in silence, and without entering into any lengthened historical account of this or similar epidemics, we shall mention some of the latest accounts from other points, and give a brief sketch of the disease, mostly from personal observation as it appeared in Cleveland.

The exact nature of this disease has not been satisfactorily determined, whether it is an influenza or a malaria, for it seems to partake of the character of both. Some claim that it is epidemic bronchitis, others that it is dengue, modified by climate, which has been prevailing in Constantinople, Smyrna and various cities of southern Europe. It is not settled if it is contagious or infectious. Though in certain instances a single member of a family has been attacked, it has appeared to us that where it entered a family the majority of the members were attacked before it left them. It has not seemed to extend exclusively by lines of travel, but has passed from country to country and from state to state much faster than do epidemics that follow commercial lines, and in a direction from east to west. Neither period of life nor sex seems to enjoy exemption from the clutches of "La Grippe." Although in Austria it has been claimed that the very aged are exempt, such has not seemed to be the case in this country nor, so far as we have heard, in any other. However, it has seemed to us that certain types of the disease are more apt to appear at certain ages. There seems to be three types of the disease, according as the symptoms predominate in the nervous, in the respiratory or in the alimentary systems. In most cases these types are combined in various proportions. The principal

nervous symptoms are great lassitude and headache, oftenest frontal, which is sometimes most distressing, loss of memory and attention, pains in the back and limbs, chills followed by fever, sometimes hyperæsthesia of the scalp, giddiness. The respiratory symptoms are like those of influenza and bronchitis, sneezing, coryza, cough, dry at first, and coming in paroxysms, after a few days with mucous, rales in the bronchiæ, and expectoration. In many of the bronchitic cases these respiratory symptoms do not appear prominently for several days after the beginning of the attack with the nervous symptoms, and among these are found many of the more obstinate or even serious cases. A smaller percentage of cases develop catarrhal pneumonitis, and this seems to be more apt to occur in the aged. But then we know the peculiar fatality of pneumonia among the aged, these may have been cases of mistaken diagnosis at the onset.

The principal symptoms affecting the alimentary system are those of gastric and intestinal catarrh. The tongue thickly furred, often brown and dry in the middle, white at the sides. There is vomiting and diarrhœa. It has seemed to us that this type is more apt to appear in children, many of whom would have attacks of persistent vomiting and sometimes diarrhœa, with great lassitude lasting two or three days, while the older members of the family were suffering more with the nervous and bronchitic symptoms of "La Grippe." In the children's gastric cases the temperature has run high—105—but in the majority of cases among adults the temperature has not usually gone higher than 101 to 103. The pulse, however, has always been markedly accelerated and proportionately weak, about 115 to 120, while the respiration, even in those cases which developed the bronchitic type, was not at the onset quickened in proportion to the pulse.

The period of incubation has been stated at two days, though many cases do not apply to the physicians with the symptoms of the onset until about five days after beginning to feel that something was the matter. In other

cases it seems to take but a few hours to develop the disease. Men have gone to their work feeling as usual, and in a few hours required assistance to reach home, on account of the intense headache and great depression. The duration of the disease is as variable as its intensity. It often subsides in about three days, but may take five or six days. Some patients promptly feel as well as ever, but others must prolong the stage of convalescence for several days or even several weeks before they are free from the lack of energy, the pains or the catarrhal symptoms, and show a great tendency to relapse on the slightest exposure or exertion. Those with the bronchitic type have been most prone to relapse.

As to treatment, everything has been tried. Supposing it to be miasmatic, many seized upon quinine as a promising specific, and seeing the acuteness of the symptoms, gave it in large doses. On account of the pains in the head with pyrexia, antipyrine was used. Large doses of quinine aggravated the headaches in some cases, and large doses of antipyrine caused alarming depression in others. Through the newspapers the people, particularly on the continent, seized upon the fact that these remedies were being used, and with the usual recklessness of ignorance boldly dosed themselves, without seeking medical advice. The result was that in Vienna alone seventeen deaths were caused by the effect of overdoses of antipyrine upon the heart, so that it was found necessary to forbid the sale of this drug except under physicians' prescriptions. In this country the use of quinine seems to have been more abused.

The fondness of our people for swallowing patented or other *nostra* or specifics of which they have heard through the newspapers or gossiping doctors, is greatly aggravated and exaggerated under fear of an epidemic. Add this to the unprincipled habit of counter-prescribing by mercenary druggists, and the laxity of the laws which permits them to sell almost anything that anybody calls for, and it is no wonder that one hears of the results of

reckless and ignorant experiments in therapeutics. So far we have not personally seen any fatal results of self-medication, but we have had several applications for the relief of a raging headache supposed to be the dreaded grip, the cause of which was traced to a pocket-companion of quinine and whiskey taken *ad lib.* as a preventive.

In Europe, antifebrin, quinine and antipyrin have been mostly used. In this country, quinine and antifebrin or antipyrin have been used most in the order named, many practitioners getting the best results by combining moderate doses of quinine and antifebrin. Others, again, have not attempted specific medication, but endeavor to excite the glandular system and the eliminations by mercury and ipecac, followed by saline diaphoretics or expectorants. In France, it has been found necessary to use stimulants, as caffeine or ether, subcutaneously, on account of the alarming depression. We have had best success with small doses of quinine and antifebrin, adding a little morphia or Dover's powder when pain was intense. Where the catarrhal symptoms are prominent, we have not found any one remedy so useful as the ammoniated tincture of guiac. Where the headache persists after the general pains have been mitigated, it will generally yield to a few grains of antifebrin, even though the fever has already subsided; the bromides, also, are useful for this persistent head pain.

Some few practitioners have used gelsemium, especially where the pain was concentrated supraorbitally. Cocaine in solution within the nose has given relief to the coryza, and also the frontal headache. The gastro-enteric symptoms have been met by the ordinary remedies in addition to antifebrin.

At last accounts the disease is still raging in Europe. We all know how furiously it has hurried us about here. It has seemed as though more than half of the inhabitants were more or less affected.

A little later on, no doubt, materials will be collected, and the medical press will teem with sketches and histories

of this epidemic. It is to be hoped that systematic efforts will be made to record the experience of the profession during this epidemic, that it may prove useful in the future. As yet, sufficient time has not elapsed to collect the materials, and of course it cannot be completed till the epidemic has passed by.

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## INVITATION TO THE TENTH INTERNATIONAL MEDICAL CONGRESS.

In accordance with the decision of the Ninth Congress at Washington, the Tenth International Medical Congress will be held at Berlin from the fourth to the ninth of August, 1890.

By the delegates of the German medical faculties and the chief medical societies of the German empire, the undersigned have been appointed members of the general committee of organization. A special committee of organization has also been appointed for each of the different sections, to arrange the scientific problems to be discussed at the meetings of the respective sections. An international medical and scientific exhibition will also be held by the Congress.

We have the honor to inform you of the above decisions, and at the same time cordially invite your attendance at the Congress. We should esteem it a favor if you would kindly extend this invitation to your friends in medical circles, as way may offer.

We beg to accompany our invitation by a copy of the statutes and programme, as also by the list of the intended sections and their special committees of organization.

Dr. Rudolf Virchow, president ; Dr. von Bergmann, Dr. Leyden, Dr. Waldeyer, vice-presidents ; Dr. Lassar, secretary general.

### REGULATIONS AND PROGRAMME.

I. The Tenth International Medical Congress will be opened in Berlin on Monday, August 4, 1890, and will be closed on Saturday, August 9.

II. The Congress shall consist of legally qualified medical men who have inscribed themselves as members, and have paid for their card of membership. Other men of science who interest themselves in the work of the Congress may be admitted as extraordinary members.

Those who take part in the Congress shall pay a subscription of twenty marks (one pound stg. or \$5) on being enrolled as members. For this sum they shall receive a copy of the transactions as soon as they appear. The enrollment shall take place at the beginning of the Congress. Gentlemen may, however, be enrolled as members by sending the amount of the subscription to the treasurer\* with their name, professional status and residence appended.

III. The object of the Congress is an exclusively scientific one.

IV. The work of the Congress shall be discharged by eighteen different sections. The members shall declare upon enrollment to what section or sections they intend more particularly to attach themselves.

V. The committee of organization shall, at the opening sitting of the Congress, suggest the election of a definite committee (or bureau) which shall consist of a president, three vice-presidents, and a number—as yet undetermined—of honorary presidents and secretaries.

At the first meeting of each section a president and certain member of Hon. presidents shall be elected; these latter shall conduct the business of the sections in turn with the presidents.

On account of the different languages employed, a suitable number of secretaries shall be chosen from among the foreign members. The duties of the foreign secretaries shall be confined to the sittings of the Congress.

After the termination of the Congress the editing of the transactions shall be carried out by a committee specially appointed for this purpose.

\*Treasurer's address: Dr. M. Bartels, Berlin SW., Leipzigerstrasse 75.  
Please to enclose a visiting card.

VI. The Congress will assemble daily, either for a general meeting or for the labors of the different sections.

The general meetings will be held between 11 and 2 o'clock. Three such meetings will take place.

The time for the sittings of the various sections will be fixed by the special committee of each section, it being understood, however, that no such sittings are to take place during the hours allotted to the general meetings.

Joint sittings of two or more sections may be held, provided that the bureau of the Congress can offer suitable rooms for such sittings.

VII. The general meetings shall be devoted to

a) Transactions connected with the work and general management of the Congress ;

b) Speeches and communications of general interest.

VIII. Addresses in the general sittings, as well as in any extraordinary meetings which may be determined upon, can only be given by those who have been specially requested by the committee of organization.

Proposals relative to the future management of the Congress must be announced to the committee of organization before July 1, 1890. The committee shall decide whether these proposals are suitable to be introduced for discussion.

IX. In the sittings of the sections questions and problems will be discussed which have been agreed upon by the special committees of organization. The communications of those appointed by the committee to report on a subject shall form the basis of discussion. As far as time allows, other communications or proposals proceeding from members and sanctioned by the committee of organization may also be introduced for discussion. The bureau of each section decides as to the acceptance of such offered communications, and as to the order in which they shall come before the meeting, always provided that this point has not been already determined in the sitting itself by a decree of the section.

Scientific questions shall not be put to the vote.

X. Introductory addresses in the sections must, as a rule, not exceed twenty minutes in length. In the discussions no more than ten minutes are allowed to each speaker.

XI. All addresses and papers in the general and sectional meetings must be handed over to the secretaries, in writing, before the end of the sitting. The editorial committee shall decide whether—and to what extent—these written contributions shall be included in the printed transactions of the Congress. The members who have taken part in the discussions will be requested to hand over to the secretaries, before the end of the day, in writing, the substance of their remarks.

XII. The official languages of all the sittings shall be German, English and French. The regulations, the programme and the agenda for the day will be printed in all three languages.

It will, however, be allowable to make use of other languages than the above for brief remarks, always provided that one of the members present is ready to translate the gist of such remarks into one of the official languages.

XIII. The acting president shall conduct the business of each meeting according to the parliamentary rules generally accepted in deliberative assemblies.

XIV. Medical students and other persons, ladies and gentlemen, who are not physicians but who take a special interest in the work of a particular sitting, may be invited by the president or be allowed to attend the sitting by special permission.

XV. Communications or inquiries regarding the business of separate sections must be addressed to the managing members thereof. All other communications and inquiries must be directed to the general secretary, Dr. Lassar, Berlin NW, 19 Karlstrasse.

#### SPECIAL SECTIONS—COMMITTEES OF ORGANIZATION.

(The names which appear in heavy type are those of the managing members.)

1. **ANATOMY.**—Flemming, Kiel; Hasse, Breslau; **Hertwig**, Berlin W., Maassenstr. 34; His, Leipzig; v. Kolliker, Wurzburg; Kupffer, Munchen; Merkel, Gottingen; Schwalbe, Strassburg; Wiedersheim, Freiburg.

2. **PHYSIOLOGY AND PHYSIOLOGICAL CHEMISTRY.**—Bernstein, Halle; Biedermann, Jena; **du Bois-Reymond**, Berlin W., Neue Wilhelmstr. 15; Heidenhain, Breslau; Hensen, Kiel; Hufner, Tubingen; Hoppe-Seyler, Strassburg; H. Munk, Berlin; Voit, Munchen.

3. **GENERAL PATHOLOGY AND PATHOLOGICAL ANATOMY.**—Arnold, Heidelberg; Bollinger, Munchen; Heller, Kiel; Ponfick, Breslau; v. Recklinghausen, Strassburg; **Virchow**, Berlin W., Schellingstr. 10; Weigert, Frankfurt a. M.; Zenker, Erlangen; Grawitz, Greifswald.

4. **PHARMACOLOGY.**—Binz, Bonn; Bohm, Leipzig; Filehne, Breslau; Jaffe, Konigsberg; **Liebreich**, Berlin, NW., Dorotheenstrasse 34 a.; Marme, Gottingen; Penzoldt, Erlangen; Schmiedeberg, Strassburg; Hugo Schulz, Greifswald.

5. **INTERNAL MEDICINE.**—Biermer, Breslau; Gerhardt, Berlin; Leube, Wurzburg; **Leyden**, Berlin W. Thiergartenstrasse 14; Lichtheim, Konigsberg; Liebermeister, Tubingen; Mosler, Greifswald, Naunyn, Strassburg; v. Ziemssen, Munchen.

6. **DISEASES OF CHILDREN.**—Baginsky, Berlin; **Henoch**, Berlin, W. Bellevuestr. 8; Heubner, Leipzig; Kohts, Strassburg; Krabler, Greifswald; Ranke, Munchen; Rehn, Frankfurt a. M.; Soltmann, Breslau; Steffen, Stettin.

7. **SURGERY.**—Bardeleben, Berlin; **v. Bergmann**, Berlin NW., Alexander Ufer 1; Czerny, Heidelberg; Konig, Gottingen; v. Lotzbeck, Munchen; Schede, Hamburg; C. Thiersch, Leipzig; Trendelenburg, Bonn; Wagner, Konigshutte.

8. **OBSTETRICS AND GYNÆCOLOGY.**—Fritsch, Breslau; Gusserow, Berlin; Hegar, Freiburg; Hofmeyer, Wurzburg; Kaltenbach, Halle; Lohlein, Giessen; **Martin**, Berlin NW., Moltkestr. 2; Olshausen, Berlin; Winckel, Munchen.

9. **NEUROLOGY AND PSYCHIATRY.**—Binswanger, Jena; Emminghaus, Freiburg; Erb, Heidelberg; Flechsig, Leipzig; Furstner, Heidelberg; Grashey, Munchen; Hitzig, Halle; Jolly, Strassburg; **Laehr**, Berlin-Zehlendorf.

10. **OPHTHALMOLOGY.**—O. Becker, Heidelberg; Eversbusch, Erlangen; v. Hippel, Giessen; Hirschberg, Berlin; Leber, Gottingen; Michel, Wurzburg; Schmidt-Rimpler, Marburg; **Schweigger**, Berlin NW., Roonstr. 6; v. Zehender, Rostock.

11. **OTOLOGY.**—Bezold, Munchen; Burkner, Gottingen; Kirchner, Wurzburg; Kuhn, Strassburg; Kessel, Jena; **Lucae**, Berlin W., Lutzowplatz 9; Magnus, Konigsberg; Moos, Heidelberg; Trautmann, Berlin.

12. **LARYNGOLOGY AND RHINOLOGY.**—Beschorner, Dresden; **B. Frankel**, Berlin NW., Neustadtische Kirchstr. 12; Gottstein, Breslau;

A. Hartmann, Berlin; Jurasz, Heidelberg; H. Krause, Berlin; Michael, Hamburg; Schech, Munchen; M. Schmidt, Frankfurt a. M.

13. DERMATOLOGY AND SYPHILOGRAPHY.—Caspary, Konigsberg; Doutrelepont, Bonn; Kobner, Berlin; Lassar, Berlin NW., Carlstrasse 19; Lesser, Leipzig; G. Lewin, Berlin; Neisser, Breslau; Unna, Hamburg; Wolff, Strassburg.

14. DISEASES OF THE TEETH.—Busch, Berlin NW., Alexander Ufer 6; Calais, Hamburg; Hesse, Leipzig; Fricke, Kiel; Hollander, Halle; Miller, Berlin; Partsch, Breslau; Sauer, Berlin; Weil, Munchen.

15. HYGIENE.—Flugge, Breslau; Gaffky, Giessen; Graf, Elberfeld; F. Hofmann, Leipzig; R. Koch, Berlin; Lehmann, Wurzburg; Pistor, Berlin W., v. d. Heydtstr. 13; Wolffhugel, Gottingen; Ufelmann, Rostock.

16. MEDICAL GEOGRAPHY AND CLIMATOLOGY (History and Statistics).—Abel, Stettin; Brock, Berlin; Dettweiler, Falkenstein; Falkenstein, Lichterfelde; Finkelnburg, Bonn; Guttstadt, Berlin; A. Hirsch, Berlin W., Potsdamerstrasse 113; Lent, Koln; Wernich, Coslin.

17. STATE MEDICINE.—Falk, Berlin; Gunther, Dresden; v. Holder, Stuttgart; Knauff, Heidelberg; Liman, Berlin SW., Koniggratzerstrasse 46 a; Schonfeld, Berlin; Schwarz, Koln; Skrzeczka, Berlin; Ungar, Bonn.

18. MILITARY HYGIENE.—v. Coler, Berlin; v. Fichte, Stuttgart; Grasnick, Berlin; Grossheim, Berlin; Krockner, Berlin W., Magdeburger Platz 3; Mehlhausen, Berlin; Mohr, Munchen; Roth, Dresden; Wenzel, Berlin.

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## AMONG OUR EXCHANGES.

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DR. HUCHARD of Paris, after two or three cases of collapse following its use at that time, has come to regard the presence of the catamenial flow as a positive contra-indication to the use of *antipyrin*. [Certainly a safe conclusion from the premises, and probably applicable to acetanilid, Phenacetin, exalgine, etc.—ED.]

In the discussion of *herpes zoster* at the annual meeting of the American Dermatological Association (Med. Record, October 26, 1889), galvanism seemed to be about the only remedy as to whose efficacy the members were able to agree. Ten to twelve cells of the ordinary galvanic battery were found to give relief to the pain.

By adding to fresh urine one-third its bulk of a solution made by adding 12 parts boracic acid to 100 parts of hot water, and then adding a similar quantity of borax, stirring well, and filtering while hot, the epithelial and albuminoid elements may be preserved indefinitely from bacterial fermentation or change by the deposit of urates (DR. M. WEDRINGER in *Lancet*).

Sudden, firm and momentary pressure on the upper rings of the trachea is said by DR. WILLIAM A. HAMAN (*Hahnemannian Monthly*, November, 1889) to be an efficient method of controlling paroxysms of maniacal violence in *mania a potu*, etc. It produces a temporary but harmless unconsciousness, from which the patient wakes in two or three minutes, rational. The pressure can be safely repeated as often as the paroxysms recur.

A case of *Phenacetin poisoning* is reported by DR. W. C. HOLOPETER (*Med. News*). The patient took three  $7\frac{1}{2}$  grain powders in six hours. She was found in collapse, suffering from severe precordial pains, her whole surface livid—nails, lips, conjunctiva. She was restless, unable to lie down or stand, and had to be supported in a semi-recumbent posture. Temperature  $101\frac{1}{2}^{\circ}$  F.; pulse below normal, slow and soft; cold perspiration; pupils slightly dilated; involuntary evacuation of the bowels once. Ammonia and alcoholic stimulants were used. She remained in this condition, though slowly improving, for ten hours. The livid hue lasted three days, and it was a week before she was able to be about her room.

*Strychnos Gauthieriana*, or Hoang-nan, introduced from Anam by Father Gauthier to the notice of French physicians in 1874, is regarded by DR. JNO. V. SHOEMAKER as an important addition to our armamentarium in the treatment of conditions of the skin produced or attended by digestive failure, an exhausted state of the nervo-muscular system, or the imperfect function of the glandular organs, e. g., *seborrhœa*, *hyperidrosis*, *acne*, *chronic ulcers*, etc. The remedy seems to promote constructive metamorpho-

sis. He finds it also of value in the lesions of *syphilis* where specific treatment must, for the time being, give place to tonic treatment. The bark is the portion of the plant used. It contains the alkaloids strychnine and brucine—the latter in excess. The dose is from five to thirty drops of the fluid extract given in water, preferably before meals. It is promptly absorbed and is eliminated chiefly by the kidneys and bowels (Jour. Am. Med. Association, October 26, 1889).

Vesication over the fourth and fifth dorsal vertebræ is said by a writer in the Lancet to put an end to the nausea and vomiting of pregnancy.

In some "Experimental Studies on the Etiology of Typhoid Fever" (Med. News, October 26, 1889), DR. B. K. RACHFORD of Cincinnati, Ohio, finds that the ptomaines formed by the action of the bacillus typhosus on milk are less virulent than those produced in beef broth, or beef peptonoids, the ptomaines of the latter being the most virulent of all. From his experiments he concludes that milk is the safest nutriment in typhoid fever.

In the collapse stages of *cholera infantum*, DR. J. A. LARRABEE of Louisville, Kentucky, has had most gratifying results from the hypodermatic injection of minute doses of morphia and atropia. Following the injection there is a prompt determination of blood to the skin, and a general improvement of the other symptoms (Med. Standard, November, 1889).

DR. WILLIAM F. HUTCHINSON (Dietetic Gaz., October, 1889) calls attention to a new drug exceedingly rich in caffeine—yielding 2.3 per cent. as against 0.8 per cent. in coffee. It is the Kola nut, a West African plant allied to the Mallow family, but which has been extensively introduced into Jamaica and is used as coffee, viz.: an infusion is made from the roasted nut. It is said to possess the power of destroying the taste for alcoholics even in confirmed dipsomaniacs.

DR. SETH S. BISHOP of Chicago, Illinois, is in the habit of aborting *acute nasal catarrh* by the administration of morphia and atropia. He uses the tablet containing  $\frac{1}{2}$  grain of morphia and  $\frac{1}{100}$  grain of atropia, giving  $\frac{1}{8}$ ,  $\frac{1}{6}$ ,  $\frac{1}{4}$ ,  $\frac{1}{2}$  of the tablet, according to the severity of the case, and repeating the dose often enough to hold the symptoms in abeyance (Med. Standard, November, 1889).

In discussing the etiology of consumption, DR. LAWRENCE F. FLICK (Times and Register, October 19, 1889) insists that the usual method of entrance of the bacillus tuberculosis is via the stomach and intestinal canal, being absorbed by the lacteals into the thoracic duct and thence carried into the general circulation.

DR. GERMAIN SÉE has come to regard iodide of potassium as the most reliable of cardiac stimulants in *fatty degeneration*, *cardalgia*, *irregular pulsation*, whether of nervous or organic origin, and *aortic aneurism*. The initial effect is vaso-constriction with increased blood pressure due to the potassium, followed in the course of two or three hours by vaso-dilatation due to the iodine. Moreover, under the free administration of iodide of potassium the viscous and adherent expectoration of *asthma* is replaced by a liquid secretion, which allows the air to penetrate the bronchi more freely and puts an end to the distressing dyspnoea (Med. Press and Circular).

[It has also been our experience that potass. iodide (grs. i ss every hour or oftener) is an efficient remedy in *cardalgia* where morphia, amyl-nitrite, potass. nitrite, etc., have failed to control the paroxysms. The use of the iodide as an *expectorant*, however, has been for years familiar to well-read American physicians; is mentioned in the National Dispensatory (Edition of 1879), with indications for its use; and was taught by that eminent therapist, the late DR. ALONZO B. PALMER of Michigan University, as far back as 1865—a favorite combination of his being, cimicifuga, syr. scillae. comp. and potass. iodide in doses of 15 minims each of the two former and 1 grain of the

latter to the teaspoonful of water. Neither is there anything new in the use of iodide of potassium in *aortic aneurism*. It was so used in 1868 by DR. G. W. BALFOUR of Edinburgh (U. S. Dispensatory, 13th Ed., 1870), and has been generally taught by professors in American colleges since. It is a pleasure to find that Continental scientists are beginning to recommend what American and English therapeutists have been using successfully, lo! these many years, but we do object to American journals so far forgetting the credit due to their own countrymen as to convey the idea that these things are new and are now for the first time published to the profession.—ED.]

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## NEW BOOKS.

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WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, VOL. 3, NOS. 2 AND 3. No. 2 contains: "The Treatment of Syphilis at the Present Time." By Dr. Max Von Zeissl. "The Treatment of Inebriety in the Higher and Educated Classes." By James Stewart, B. A., and "Manual of Hypodermic Medication." By Drs. Bourneville and Bricon.

In the first article Dr. M. Von Zeissl, after reviewing the history of the treatment of syphilis and detailing more fully the modern methods, presents what he considers the best mode known at the present time, which may be stated briefly as follows: When the initial lesion is present, with no evidence of constitutional syphilis, use only local treatment of the primary lesion.

If maculæ or papulæ syphilides appear upon the skin we do not give anti-syphilitics, even if there are degenerating mucous patches on mouth or lips or tonsils, but attempt to relieve their painfulness and to induce involution of the patches by touching them with lunar caustic, by frequent application of tanno-glycerine (tannin 5.00, glycerine 20.00). If the symptoms have not disappeared at the end of eight weeks, or if no essential improvement is noticeable, we give the iodides. We favor particularly Zittman's decoction or inunctions of gray ointment. In this way we usually need a smaller number of inunctions

to cause the disappearance of the symptoms, than when mercury is used from the start. We rarely order mercury internally or subcutaneously. Injections of calomel are the most rapid and vigorous form of subcutaneous medication. He says mercury should be administered at the earliest, eight or ten weeks after the appearance of the first eruption, when the latter yields too slowly to the expectant plan or to iodides, or when dangerous symptoms appear on the part of the organs of special sense, the viscera or the central nervous system.

The article on the Treatment of Inebriety may be summarized as follows: Drunkenness and inebriety ought not to be confounded. Inebriety is a lesion of the brain which has gone so far as to affect the will power. Treatment must include absolute cessation of alcohol drinking, and there is no danger in the sudden and complete removal of alcohol if the case, no matter how severe, be in the hands of a skillful physician, able to personally direct the hourly treatment from the first.

The physician in charge of such cases ought to be a total abstainer, as well as everyone living under his roof, so that moral treatment by example may supplement therapeutic remedies. Permanent recovery need not be hoped for unless both lines of treatment be pursued systematically, during an uninterrupted period of twelve months, in a "Home" from which every beverage containing the smallest quantity of alcohol is absolutely excluded.

So-called cures by bark, strychnine, iron and other drugs have not proved permanent. The "Home" should be the home of a physician (with his wife and children), and who should not undertake the cure of more than five or, at most, six inebriates at one time.

The "Manual of Hypodermic Medication," which is translated from the second edition, by Andrew S. Currie, M.D., Edinburgh, occupies three-fourths of the volume and is a valuable and useful work for the practitioner. We are too apt to confine ourselves to a few remedies in

medicating subcutaneously, when a wider knowledge of this method and the drugs which may be thus introduced into the system, as presented in the manual, would form a great addition to our practical resources.

No. 3 of Vol. 3 contains an article on "Congestive Neurasthenia or Nerve Depression." By E.G. Whittle, M.D. The "Art of Embalming." By Benjamin Ward Richardson, M.D. "The Etiology, Diagnosis and Treatment of Tuberculosis." By Dr. H. Von Ziemssen. "Psychotherapeutics or Treatment by Hypnotism." By Dr. C. Lloyd Tuckey. "Sexual Activity and the Critical Period in Man and Woman." By Dr. Louis De Serè. These are short and comprehensive subjects, and together make one of the most interesting volumes for the medical, or even the general reader, that have yet appeared in this series.

'A TEXT-BOOK OF ANIMAL PHYSIOLOGY.' By Wesley Mills, M.A., M.D., L. R. C. P. (Eng.), Professor of Physiology in McGill University and the Veterinary College, Montreal. Pages, 700. D. Appleton & Co., New York, 1889.

By the adoption of the comparative method throughout, and by a wise discrimination in what he has chosen to say and what to leave unsaid, the author has succeeded in making the best text-book for class instruction we have yet seen. The get-up of the book fully sustains the well deserved reputation of the publishers.

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## NOTES AND COMMENTS.

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*Mrs. Annie Cooper Vance.*—Mrs. Annie Cooper Vance, wife of Dr. Reuben A. Vance, died of typhoid fever, December 30, 1889. Mrs. Vance came of a family that embraced in its ranks many prominent members of the medical profession. Her father, Dr. James S. Cooper, was a distinguished physician of New York city twenty-five years ago; Dr. Cooper's uncle, Dr. Edward C. Cooper (a brother of Peter Cooper the well-known philanthropist), was a conspicuous figure in professional circles of that city a half century ago; and Drs. Benjamin W. McCready and Henry C. Cooper are well-known physicians still in active practice. Mrs. Vance, after graduating in New York

city, spent several years in school in France and Germany; was for a length of time an inmate of the family and an attendant of the school of the Rev. Mr. Bercier in Paris, and subsequently studied under private tutors at Dresden and Weisbaden. She was remarkable as a linguist and spoke many languages with facility. But it was her amiable qualities as a friend and rare devotion to her family and domestic duties that especially endeared her to a large circle of acquaintances. She leaves three children—a little girl of five and two boys, one of eleven and the other of twelve. In his great loss Dr. Vance has the sympathy of the profession.

The Cuyahoga County Medical Society held its regular meeting the evening of the day Mrs. Vance was buried. A committee was appointed to draft resolutions of condolence with Dr. Vance. The committee consisted of Drs. Preston, Upson and Baker. Before their work was accomplished Dr. Preston was attacked with cerebral hemorrhage, and in a few brief hours was dead.

*The Cuyahoga County Medical Society* meets the first Thursday of each month, at 2:30 P. M. Secretary, Dr. Henry S. Upson, 331 Prospect street, Cleveland, Ohio.

*The Society of the Medical Sciences* meets at No. 20 Euclid avenue, on the third Monday evening of each month, at 8 P. M. Secretary, Dr. B. L. Millikin, 278 Prospect street, Cleveland, Ohio.

*The Union Medical Association of Northeastern Ohio* meets quarterly on the second Tuesdays of February, May, August and November. The next annual meeting for the election of officers will be held at Akron, Ohio. Secretary, Dr. A. K. Fouser, Akron, Ohio.

*Ohio State Medical Society* meets at Columbus, June 4. Secretary, Dr. G. A. Collamore, Toledo, Ohio.

*American Medical Association* meets May 26, at Nashville, Tennessee. Secretary, Dr. William B. Atkinson, 1400 Pine street, Philadelphia, Pa.

*Secretaries of Medical Societies* will confer a favor upon the editors by letting them know the time and place of meeting of their society.

*Dr. Charles McMillan*, medical referee of the pension bureau, and well known in army circles, died in Washington, D. C., January 7, of pneumonia.

*Cleveland has a new City Hospital, containing one hundred and fifty beds. The patients are all under the care of one physician, who receives a salary of \$1,200. There is no visiting staff, and all the work, surgical as well as medical, falls upon the single medical officer.—Medical Record.*

*How high are chest tones of a tenor to be carried?—Mr. Frank H. Tubbs, editor of the Voice quarterly says: Strictly speaking they are never carried above F (top line of staff with a G clef), although many suppose they are carried to high C. Duprez was the only man who did carry his tones to high C and his throat was a monstrosity. Rubini tried to do it and broke his collar-bone while singing B flat in chest voice. He never tried it again. If he, after years of labor could not do it, youths of to-day better give it up. The fact is, that the medium voice (wrongly called falsetto) is so developed by a skillful teacher that the ear cannot detect a change from the low to the high voice, and the effect is as if the chest notes were sung to the extreme of the voice. When that union is correctly made, there is no limit to the upward development of the high voice. Any tenor can obtain a good high C if he has patience to practice till he gets it.*

*The ear trouble of the Emperor of Germany.—We learn from the London Truth that the Emperor of Germany is again laid up with his ear trouble, chronic suppurative otitis media, and in consequence of pressure of business, is dangerously temporizing with the treatment advised by his medical attendant. With a hereditary predisposition to scrofula, and a consequent chronicity of the affection, it will be a question of time only when the affection shall take an incurable turn, and invite directly an extension of the inflammatory action to the meninges, which may jeopardize the life of the distinguished personage. In this country we are taught that such an affection is curable by surgical interference, and the veriest pauper here has a chance equal to that of a king.—Medical Record.*

*Sanitary Convention.—Arrangements have been completed to hold a tri-state sanitary convention at Wheeling, West Virginia, February 27 and 28, 1890. Representatives will be present with papers and addresses from Pennsylvania, West Virginia and Ohio. The object of the convention is to consider the question of floods and their results from a sanitary stand-point, and the best methods*

of managing the sanitary interests of a given community after such a calamity. Owing to the mutual relations held by these three states with reference to large rivers, and the numerous towns in each one of these states that are annually affected by these floods and their results, it has been thought wise to hold a convention for studying how best to manage the sanitary interests of cities and towns so affected. Every person interested directly or indirectly in this important subject is earnestly requested to be present and assist in discussing the papers and add whatever information he can to the solution of these practical and most important questions affecting, as they do, the health and lives of thousands of citizens of these three great commonwealths annually. Reduced rates of transportation have been secured over all lines controlled by the Central Traffic association in the three states named. Application has been made to the Trunk Line association for like favor. For further information address George I. Garrison, M.D., secretary, Wheeling, West Virginia.

*Dr. Cronin.*—Speaking of Dr. Cronin recalls the fact that the poor fellow whose name has been in every newspaper published in the world, probably for months past, formerly lived in St. Louis. He was superintendent of the transfer company's lines in the city, later conducting a drug store in the west end, later graduated in medicine and engaged in the practice of the same. During all the years that he was here he was the tenor in one of the most popular choirs in one of the most aristocratic churches. He was of a sociable turn, very popular, a happy, genial man, possessed of a very considerable amount of ability, a keen, Irish wit, and a voice like a nightingale.

Had he concentrated his forces upon his chosen profession in St. Louis or Chicago he would have made a pronounced success as a physician; he would not have fallen a victim to the clan-na-gael, or at least would not probably have been the subject of notoriety that he has been. Poor fellow! He deserved a better fate. But his life and death stand out as a warning to men in the medical profession against running after false gods. Concentration should be the first law of the doctor's life, mingled with the proper amount of recreation.—*Medical Mirror.*

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THE

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# Cleveland Medical Gazette.

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## ORIGINAL ARTICLES.

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### TRANSMISSION AND DISEASE.\*

BY DR. J. B. M'GEE, CLEVELAND, OHIO.

Dr. Holmes has said, "We are each of us the footing up of a double column of figures that runs back to the first pair." This is essentially true. Embodied in us are the traits and tendencies, the excellences and defects of our progenitors, and each individual is but an epitome of his ancestral lines. The merit or demerit, he may possess; his strength or weakness of constitution or character is the legitimate result of his hereditary antecedents, modified by his environment, while health and disease are intimately dependent on his inherited tendencies. It is evident that every person derives from his parents two distinct series of qualities, and as each of these is in its turn a composite product, we can readily comprehend the many and varied influences that converge and centre in the progeny. Could we compare or contrast these influences, we should doubtless find them sometimes similar,

\*Read before the Cuyahoga County Medical Society, February, 1890.

frequently diverse, and recognize each factor in the result as well when latent as when evident in the personality. As we recede from the individual, the line branches and broadens, and although as a rule the closer crosses are more potent, atavism or reversional heredity may allow the reproduction of form or feature not evident in the immediate ancestry. Life being a combination of causes and effects, each characteristic we possess has its own legitimate and adequate antecedent; and we cannot easily explain the differences existing between children of the same parents, exposed to the same conditions of life, unless by reversion to different factors in the complex chain of their heredity. The organism develops from the embryo containing the united tendencies of the organisms from which it is derived and descended, and while there is a general resemblance between parent and offspring, there may be individual differences. We cannot calculate blood lines on a mathematical basis alone, and while theoretically the blended inheritance should be of equal strength from each parent, there seems to be a struggle between the molecules of the two contributing organisms, which may result in the victory of those least calculated to ensure health and vitality in the child. A general rule stated by Mr. Galton is that, "Of the complete heritage of the child, one-quarter may be assigned to the personal characteristics of the father, and one-quarter to the average personal characteristics of the line of which he is one of the members; and similarly as regards the mother's side." He says further, "We seem to inherit, bit by bit, this element from one progenitor, that from another, while the several bits themselves are liable to some small change during the process of transmission." As we may derive these particles singly or in groups from one or many progenitors, we can understand the many blendings that may occur, and the differences in type and temperament that these would imply. A certain combination of these elements, frequently recurring in a family, is recognized as a characteristic, becomes, in fact, a "trait" of the family, and is

perpetuated as such; the word "type," too, has for its central idea a similar grouping of prominent and recurrent structural forms.

Heritages vary in their mode of transmission; a difference of stature is usually transmitted in a blended form, while eye color is liable to be exclusive, the children of a light and dark-eyed parent more frequently resembling one or the other than possessing a blended tint; when this does occur, however, assuming hazel as an intermediate color, Galton found that the chance of a light-eyed parent having hazel-eyed children was about double that of a dark-eyed parent. DeCandolle, too, has shown that hazel eyes are more frequently derived from a light ancestry than a dark one.

The transmission of inherited qualities is almost universally acknowledged, but concerning those of an acquired or accidental character, the question, though important, is still in doubt; cases of such transmission are rare, and as regards mutilations, carefully conducted experiments on the lower animals, continued through many generations, have given negative results. A law of "regression" to the general type of the race is assumed by Galton, and this may exert an influence, though Prof. Brooks objects to the inference of its existence. Heredity is governed by intricate laws, and for solution, presents a perplexing problem. Many attempts have been made to explain its working from the speculations of Buffon in the last century, to the theories of Bonnet and Prof. Owen; and although Mr. Darwin's doctrine of pangenesis is the most clear and scientific yet advanced, still, as expressed by Mr. Galton, "no complete theory of inheritance has yet been propounded that meets with universal acceptance."

Many hold that moral and mental attributes are as clearly transmissible as any physical quality, and Mr. Galton has thoroughly investigated the question as far as mental ability is concerned; his results are limited to Europe, but in our own country the Rogers family presents a notable example of such transmission. Dr.

Rogers, professor of natural philosophy in William and Mary's college for ten years preceding his death, had four sons who were equally eminent in various branches of science. The late Prof. Gross said, "The only family presenting any parallel to this in this country is that of the Becks." This remarkable family consisted of five brothers, all of whom were prominent, and at least one eminent, Dr. Theodore R. Beck, author of 'Medical Jurisprudence.' The Quincy family may be mentioned, which in two hundred and thirty years has produced in the direct male line, seven distinguished men, and during the same time in the female line, including the Adams and Sewalls, "ten equally prominent as statesmen and literateurs." The past history of a family is to a certain extent an index of its general character in the future, and the nature of its alliances influence not only ability and capacity, but health and longevity also. It is not improbable that the union of two strains of average ability might produce a comparatively high result, especially if supplementary to each other, but it is more reasonable to suppose that as a general rule the children of talented parents will be more highly gifted than the offspring of mediocrity.

Though we can trace our pedigree but a short distance, the force of the heredity we represent has been accumulating for generations, and, in the words of Powell, "Our systems are charged in every fibre with the eternity behind us." An eminent divine once said, "I am not so much interested in the preface to my cradle as I am in the appendix to my grave." As physicians, however, we know that the influence of the preliminary period, termed "the preface to the cradle," cannot be ignored. The question of heredity is eminently a medical one, as it presupposes the transmission of disease; and, although opinions may differ as to the extent of the inheritance, few will deny that the predisposition, at least, is transmitted; it is probable, perhaps certain, that this is the case, and that a latent tendency may modify the ordinary

course of disease is generally conceded. In the words of Hutchinson, "By far the commonest error of the prescriber, and one which most interferes with his success, is the easy going habit of regarding all persons as alike, and recognizing differences only in their diseases," and according to Dr. Escles, "Why we resist this disease and succumb to that depends mainly on our inherited forces." Certain diseases appear to follow certain lines of descent, although instances of direct transmission are rare; we readily recognize a general proclivity to disease, but it is difficult to define or analyze special tendencies. We seldom inherit disease of a local or limited character, but a chronic constitutional affection, though not transmitted as such, may endow the offspring of its possessor with a diminished ability to conserve the forces forming vitality, and so show its presence and power. Dr. Lithgow believes "it may be regarded as an axiom that the more a disease is constitutional, the greater will be the influence of heredity in its transmission." When we find any deviation from the usual course after an injury received or disease developed, it is probably due to some latent peculiarity which masks or modifies its character; and evidence of inherited taint, though perhaps slight in itself, shows that a person's lineal tendencies are contributory to the diseases he contracts.

Disease may not retain its original type, but undergo what has been termed the "transmutation of transmission," and appear in some allied form. The predisposition may require an accident, a mental strain, a nervous shock, or suitable stimulus of some kind to cause its appearance. Dr. Billings says, "The old family doctor knows that when a particular disease appears in his neighborhood, he may expect to see it produce in one family convulsions, in another collapse, and in a third little or no danger or inconvenience," and Dr. Holmes refers to the vital difference between strains of blood as "a difference to which all ordinary medication is in all probability a matter of comparatively trivial import."

We place within narrower limits than formerly the directly transmissible diseases, and it is probable that syphilis alone is really so in the true sense of the term. As Hutchinson says, "The child either gets nothing at all or the germs of the disease itself," and the child's chances of inheritance appear to bear a direct ratio to the time since the reception of the disease by the parent. Dr. Leudet holds that transmission exists in more than one-half the cases, and is most frequent on the maternal side. It is certainly the most frequent source of intra-uterine death, the commonest expression of its influence, Carl Ruge attributing eighty-three per cent. of such deaths to a specific cause, and Professor Neuman recently stated that he found but forty-four healthy children out of one hundred and nine born of diseased parents, thus showing its fatal transmitting power.

Many have held that scrofula is but a modified or diluted disease of a specific character; but Hutchinson and Fournier regard it as essentially distinct and different, and to quote the former "the domain of inherited syphilis is just as definite and restricted as that of the acquired form, and it stands sponsor to none but its own progeny."

Concerning direct transmission of acute disease, Dohan recently reported a case of purpura transmitted from mother to fœtus, and Felkin noticed two cases of malaria transmitted by the father, the mother being healthy; in one case the fœtal spleen was so large as to retard delivery. Netter mentions a case of pneumonic transmission, in which the child, dying shortly after birth, showed pneumonia of the right upper lobe, and Lebedeff has noted a similar communication of erysipelas, and quotes two other cases. Eberth has proved that typhoid bacilli do pass from mother to fœtus, and according to Erlenmeyer the children of women addicted to the morphine habit are very apt to die of collapse shortly after birth, if not given opiates.

Since the discovery by Koch of the characteristic

bacillus, the former opinion that tuberculosis is transmissible seems scarcely tenable. Although perhaps not entirely erroneous, the introduction of the factor of infection has caused less stress to be placed upon the influence of heredity, though it is probable a susceptibility exists in those of tuberculous descent which enables the bacilli to develop more readily and rapidly than in those who possess no such inheritance. Dr. Tyson states that "congenital tuberculosis admits of two solutions: first, that the bacillus exists in the ovum of the mother, or is communicated to it with the seminal fluid; or second, that it is passed from the blood of the mother to that of the fœtus through the placenta." Evidence in favor of the first has been presented by Johnes, and against it by Rohlf's; and as regards the second, though Weichselbaum has demonstrated the bacilli in the blood, they were seldom found. Though there are conflicting opinions to be reconciled, the position held by most of the profession is doubtless that of Dr. J. C. Wilson, that "it is not in the ordinary sense hereditary." Dr. J. T. Whittaker holds that "while direct transmission is possible, it must be exceptional;" and Dr. H. P. Loomis says, "We must have the spark to kindle the flame, and that spark is the bacillus." The recognition of its contagious character explains many cases formerly deemed hereditary, but while the bacillus is the essential, it is doubtful whether it is always the exclusive cause. In persons with a distinct tuberculous history, a secondary or contributing cause is probably found in the susceptible state of the tissues. Whether the sexes transmit the tendency equally or not, is doubtful, the evidence indicating the maternal side as the more frequent source of disease. This might be explained, however, by the fact that the child is with the mother for so long a time after birth, lying in her arms, breathing the same air, and so exposed to the risk of direct infection.

Many believe that phthisis tends to be transmitted strongly or not at all, and it is possible a reversion might

occur, the conditions of life or circumstances of union allowing a tendency dormant for generations to appear. Hutinel concludes that "as for the direct transmission of the germ, we are warranted in affirming that communication by the father is not proved and is very problematical; transmission by the mother may take place, but is very rare;" and continues, "heredity, nevertheless, exists, for if the offspring of tuberculous parents are not born tuberculous, they are *tuberculizable*." Langenhaus found that one out of every ten persons of phthisical parentage died of tuberculosis, while those becoming consumptive, with no hereditary tendency, was one in sixty-eight. Regarding the physiognomy of phthisis, Mr. Galton and Dr. Mahomed obtained by "composite portraiture," the average face from the photographs of four hundred and forty-two patients suffering from phthisis, and conclude that no special type of face predominates among phthisical patients, nor is the narrow, ovoid or "tubercular" face more common in phthisis than in other diseases; whether more common than among healthy persons, they cannot say.

Concerning cancer the evidence varies, but when closely criticised, it is probable the hereditary factor has been overrated. Professor S. W. Gross, referring to the theory of inheritance says, "This view is not sustained by a careful analysis of the cases in which this point is mentioned." In the line of direct descent, he found but 4.72 per cent. possessing this history, and says further, "the conclusion is justified that the evidence of the inheritance of cancer is far from being satisfactory." There is no doubt, however, of the inheritance of a peculiarity of the breast predisposing to its occurrence, and Sir James Paget states that "hereditary transmission must include, theoretically, both the tendency to the production of cancerous material in the blood, and the susceptibility of special parts, but its precise method remains undiscovered." While many deny the inherited influence, the true position is doubtless that of Jonathan Hutchinson, who

believes "senility gives proclivity, local irritation excites, and subsequently, hereditary transmission may perpetuate the affection."

The influence of heredity is decided in all forms of disease of the nervous system, and is well illustrated in Thomsen's disease, first described by the physician whose name it bears and in whose family it had existed for four generations; in Huntington's or hereditary chorea it is the only known cause, and in Friedrich's ataxia, the factor of inheritance takes an important part. Anstie specially mentions the heritable character of neurotic tendencies, and Professor Osler recently described a case of angio-neurotic œdema in which the disease had affected members of the same family during five generations. Ribot concludes that heredity is present in one-half to one-third of all cases of insanity, and Dr. E. J. Wilson found that in 6,397 cases occurring in Ohio during the past twenty-five years, heredity existed as a cause in about 33 per cent. History presents many examples of nervous disease, transmitted in its original form or transformed in its descent, as the well-known neurosis running through the Julian line from Julius Cæsar till it ended with Nero, whose neurotic inheritance came through both paternal and maternal lines. Henry Sixth of England inherited from his mother, the daughter of the insane Charles Sixth of France, the mental weakness through which "England was desolated by the Wars of the Roses, as a penalty for a dynastic marriage in which the laws of heredity were set at defiance." An instance of an opposite kind, in which a strong character showed its transmitting power, is that of the influence exerted on the Plantagenet line by Henry Seventh, for, "in the temperament of the choleric Welshman lay the seeds of the imperious egoism of Henry Eighth and Elizabeth." Dr. Ireland traces an hereditary neurosis following the line of the early Spanish kings for 350 years, running through eight generations, till the line became extinct by the death of the imbecile Charles Second of Spain.

Alcoholism and its results are usually shown in neurotic forms. Matthew Duncan believes the abuse of alcohol by the mother may produce abortion, sterility, or defective development of the nervous system in the children; he questions Darwin's statement that alcoholic diseases are cumulative in their effects to the third generation, then causing the extinction of the family, and thinks the evidence must be more thoroughly analyzed "before so sweeping a conclusion regarding hereditary alcoholism can be accepted." The experiments of Mairet and Combemale proved that by inducing alcoholism in dogs the pernicious effects were transmitted to their progeny; and Dr. Crothers states that "children of inebriates bear marks of defective organization of almost infinite degree, form and variety."

Some families have a liability to disease of special tissues or certain organs. This is well exemplified in the tendency to cardiac valvulitis shown by the family of the poet and essayist, Matthew Arnold. Dr. Arnold of Rugby, his father, and two of Dr. Arnold's sons died of chronic heart disease, and in the case of Matthew Arnold, valvular disease was first recognized a quarter of a century before his death.

A predisposition to an acute disease sometimes appears to exist, the exciting cause finding a ready response in the character of the tissues. Dr. Richardson mentions a case in which quinsy has been the family characteristic for four generations. Tonsillitis often appears in those of rheumatic tendency, but although the coincidence has been frequently noticed, the exact relationship has not been satisfactorily explained.

In skin diseases, Dr. Bulkley, referring to heredity says, "The vast majority of cases do not exhibit this feature." He states, however, that gout, eczema and asthma may alternate in the same family in different generations, indicating a relationship, and showing in one form or another according to the exciting cause. In some families the skin as an organ appears more liable to disease than

in others, and generally the fair complexion is more frequently involved than the dark. Hutchinson thinks acne, psoriasis and ichthyosis inheritable, though the latter frequently omits a generation, and lupus is more prevalent among those of dark complexion.

In eye affections the disease of the children is not always identical with, but is usually similar to, that of the parent. The phlyctenular troubles of children generally indicate a scrofulous heritage. Concerning myopia, opinions differ, but Dr. Motais, after carefully studying 330 cases in young people, found heredity present in 65 per cent., and states it is more serious than the acquired form.

The union of disease tendencies, or "intermarriage of disease," if of similar character, and of serious kind, as cancer, phthisis or insanity, render the chances of the children escaping the inheritance extremely slight. Should the diseases differ, the danger, though probably less, still exists, and certain combinations, as that of cancer and consumption, would be of decided danger to the offspring. Dr. Richardson thinks the union of rheumatism and consumption frequently produces maladies involving the osseous system, and that hydrocephalus and hip-joint disease are a common result of this union. Although impossible to predict from the parental diseases the exact form or extent of the child's inheritance, a probable result can be foretold, though only in a general way. We cannot say how diseases blend or in what degree they modify or neutralize each other, and it is possible that uniting those of a diverse character might allow the emergence of a third form, the mere fact of union causing it to be revealed. As regards consanguinity, should a disease proclivity exist in a family, a consanguineous union would doubtless intensify it, and accelerate the appearance of the morbid condition in the offspring; but reuniting pure blood currents from a common source, using the expression "pure blood" in the sense of freedom from hereditary taint, probably has no physiological objection. Dr. E. S. McKee, in an exhaustive article, concludes that "the

facts do not warrant us in supposing that there is a special degenerative effect produced *ipso facto* by consanguinity." There is evidence, however, that retinitis pigmentosa is more frequently found as the result of consanguinity than of crossing, Fuchs stating that it is thirty times as frequent as the result of consanguineous marriages. The disease, however, is rare, the number dealt with small, and Fuchs does not regard the figures given as conclusive, while it is probable that many affections attributed to this source are due to other causes than the relationship.

Longevity is inheritable, and while in some persons the vitality is early exhausted and a premature senility appears, in others the tissues retain to an extreme age their elasticity and power. Whether longevity is always a benefit or not, it is certainly universally desired, and Dr. Lucas believes "it is the result of an internal principle of vitality which privileged individuals receive at their birth."

The racial factor as an influence in disease is a prominent one, and whether inherent physical peculiarities cause the difference or not, we know that among racial lines disease tendencies vary, and as expressed by Professor Huxley, "some stocks enjoy a partial or complete immunity from diseases that destroy or decimate others." The race question is only that of heredity on a broader scale, and as regards special diseases, Dr. Billings found the susceptibility to cancer slightly more than twice as great among the white as among the colored population, although his results were limited to the South. In scarlet fever the mortality among the negroes is very low, and while phthisis was formerly seldom seen among them, it is now quite common, and the mortality is greater than among the whites. Though formerly thought not susceptible to yellow fever and malaria, it has recently been shown that they are liable to both, though less so than the white race. The birth rate is greater among them, and deaths from childbirth are twice as frequent as among the whites, but whether this is due to race or surroundings is a question. Dr. Kiernan con-

cludes that the negro race furnishes three times its proportion of insane, and it is well known that fibro myomata are more frequent among them. Psoriasis is rare in the negro, and he is said to enjoy an immunity from trachoma, but has a special liability to elephantiasis and tetanus. In the white population, Dr. Billings found cancer most prevalent among those of German and Irish parentage, the Germans being more liable than the Irish, and "decidedly more so than the average white population." Diphtheria is more fatal among those of German descent, while phthisis has a greater rate of mortality among the Irish than among our other nationalities. In England, Dr. Richardson infers that phthisis is a disease to which those of Saxon race are most liable. Drs. Townsend and Coolidge found among one thousand cases of pneumonia treated at the Massachusetts General hospital, that the Americans gave nine per cent., the Irish eleven per cent. and other nationalities fourteen per cent. of mortality, but doubt whether the race factor accounts for the difference. Dr. Allbut states that the types of disease among the Dutch are similar to the English, possessing a tendency to longevity, and also to heart dilatation and cerebral hemorrhage. Gout is rare among the Scotch, and they have less nervous disease than the English, while the French have more. The Welsh differ from the English in the type of their diseases, and the vitality of the Jewish people, whatever its cause, is said to be superior to that of the other nations among whom they are found. It is claimed that trachoma is most frequent among the Irish, next the Jews, and the Germans least. The Germans seem to form two classes, in one of which the disease is common, and in the other comparatively rare.

Concerning complexion, it has been noticed that persons of dark complexion bear some lines of treatment, as mercurials, better than those who are fair. In the Civil War, Dr. Baxter found that diseases of various kinds were more prevalent among the light than the dark complex-

ioned men, and more fair than dark men were rejected for nearly every disease except chronic rheumatism. Dr. Beddoe found that in his experience, the dark complexioned children bore disease in general better, and showed more vital power than the fair ; on the other hand, however, in England and Scotland at least, the dark type was more liable to phthisis, and cancer claimed more brunettes than blondes.

As heredity is so important and universal a law, it is evidently a competent cause for the exhibition of family tendencies, and being so closely dependent on our inherited qualities, the unknown quantity or personal factor in each patient may modify not only disease, but treatment as well. A clear conception of the causes of disease would recognize heredity as a most important one, and while we cannot fathom the secret of descent, we certainly inherit the result of the combined influences exerted on each link in the chain of our lineage, the blood currents which mingle in us bearing tendencies to disease as well as health in obedience to its laws. It may be convenient but scarcely just to censure our heredity exclusively, for the prospective dangers of a child's life may be fostered and increased by its surroundings. Many injurious influences probably enhance disease tendencies, and if enfeebling causes persist through several generations, the weakness will be intensified in its passage. Union with a healthy blood current of superior vital power may eradicate a taint, and the law of regression, or tendency to revert to the normal level, may exert its influence, and aid us to control or counteract a proclivity to disease. Knowing the existence of tendencies will enable us to avoid the causes that aid or allow them to appear, and to increase the constitutional power which confers the ability to resist disease. In the diathesis of gout and rheumatism, the patient's habits may promote or retard the appearance of the affection. A person with insanity in his inheritance is not necessarily doomed to develop it ; he may become insane easier than a person without such tendency, but

can probably remain of sound mind by the exercise of extra care and avoidance of exciting causes. Prof. H. I. Bowditch recently reported the history of his own family, in which phthisis was cured in the father and prevented in the children. He details the course followed, and as both parents had phthisis, and were also cousins, the probabilities were that some of the descendants would not escape the combined inherited tendency. There have been four generations, and yet at the present time "not a trace of phthisis has appeared in any of the 93 descendants." Dr. Bowditch attributes the result to fresh air and out-door exercise steadily pursued. In this case, at least, nurture proved superior to nature, and is certainly strong evidence of the value of suitable aids in diminishing and possibly destroying the liability to disease. Although there may be a question whether environment will break the continuity of an hereditary tendency, it will doubtless modify its power, if it cannot check its course, and we should not undervalue its influence on heredity in relation to disease.

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## OCULAR HEADACHES.\*

BY B. L. MILLIKIN, M. D., CLEVELAND, OHIO,

Ophthalmic and Aural Surgeon to Charity and St. Alexis Hospitals,  
and to the Out-patient Department of the Western Reserve  
University of Cleveland, Ohio.

The symptom of headache in its relation to general and local diseases is so important and frequent a one that I have thought a few remarks upon the subject from a special stand-point might not be without some general interest. I have so often seen cases with a prolonged history of headache having been treated for years for some general disorder, either digestive or circulatory, and with the malady recurring again and again, with

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only temporary relief, in which the basis of the whole trouble has been a local one, that a study of the matter of the differentiation of the symptoms becomes an important one, both from the stand-point of the specialist and general practitioner. My own study of the subject is based upon a record of three hundred and twenty cases which have been closely observed in private practice, occurring in conjunction with refraction cases and persons suffering from various ocular muscular insufficiencies, and in which the cases have been pretty carefully followed out after suitable correction of the refraction and muscular errors.

Headache is a symptom of so many diseases and of such a multitude of varying systemic conditions, that to be a symptom of much value its characteristics must be accurately differentiated and the kind and history carefully ascertained. For our purpose, we may divide the causes of headache into two great classes, viz. : organic and functional, in which the origin of the pain is either direct pressure upon the nerves upon or within the cranium, or is reflex.

Just what is the mechanism of headache, it is difficult to say, and why some general cause should determine a pain in the occipital or the frontal region may not be easy of explanation ; but certain it is, that in the vast majority of diseases, we do find present pain in the head as a more or less prominent symptom. We know that direct pressure upon nerve fibers will produce pain, and it is still more probable that pressure upon, or irritation of, cortical sensory nerve cells will give rise to painful sensations, and the nature and position of this irritation will determine largely the location of the seat of the disturbance in the cranium.

The direct causes of headache may be either toxic or mechanical irritation of the nerve cells. In the former class we place those headaches arising in all general systemic conditions in which the circulation carries with it material irritating to the nerve cells, while in the latter

we may place all pressure or congestive, inflammatory conditions producing either direct or reflex pain. Probably another cause may be nerve exhaustion from any source, as anæmia, overwork, etc., etc. Time forbids that I should even attempt to discuss the matter of headaches due to general causes; but a few points with regard to those arising from ocular defects, in which the symptoms bear a pretty definite historical relation, may serve to call to your attention a large class of cases in which I am convinced the local or reflex cause is largely overlooked by many gentlemen in the profession. Of the first importance in these cases is a knowledge of the history of the attacks, as well as a careful inquiry into the habits of the patient.

Ocular headaches are liable to first manifest themselves and are most frequent during school life, and in later years are to be looked for among the class of people who use their eyes largely for near work. Hence the seamstress, the mechanic, the book-keeper, the student, etc., are the sufferers from this annoyance during mature years, although it does occur sometimes in persons who do but little near work. In children the history of cases will be something as follows: During the vacation the child lives out-of-doors very much of the time, and has no trouble whatever. When he enters upon school work again, within a few weeks he will begin to complain of headaches after studying some time, generally in the frontal or temporal regions, about or behind the eyes, and often of pain in the eyeballs. Sometimes the pain will radiate to the back of the head. The child tells you in the morning he is free from discomfort, but it comes on later in the day. Some cases have the trouble only toward the end of the school week, others mostly toward the close of the term, while getting ready for the examinations, or still more markedly toward the end of the school year. In the vast majority of cases you will find the patient is always relieved by sleep or rest, and this is probably one of the most important single symptoms as indicating the ocular origin of the difficulty.

It is very rare indeed to find a case of ocular headache giving the history of the trouble being worse in the mornings when the patient has slept well, and this remark applies to the class of cases arising either from refraction errors or muscular insufficiencies. As children grow older and undertake more difficult and prolonged work they suffer much more numerous, and by the time college life is reached the proportion of persons suffering from headaches becomes very large. So, too, among adults who do constant near work, the number of complainers of eye-strain is very large, and increases with the fineness of the work performed, poor and inadequate light, etc., etc. Certainly the general state of the health, also, has much to do with the development of eye-strain, as is frequently observed after acute illnesses, or when the general tone of the system is below par from any cause. On the other hand, it should not be forgotten that very grave general nervous symptoms may arise from overfatigue of the eyes, and frequently sleeplessness, nausea and vomiting, sea and car sickness, nervous prostration, a condition bordering closely upon insanity, have been observed as the direct result of the overuse of eyes defective in refraction or muscular force.

Some gentlemen have undertaken to differentiate the headaches due to refractive errors and muscular insufficiencies, and consider that refractive errors are more liable to produce frontal headaches, while the muscular defect more frequently produces pain in the occipital region, but my own observations do not substantiate this opinion. Muscular insufficiencies as distinct from refractive errors are somewhat rare, and I have had very few cases of pure muscular defect where the refraction of the eye has been tested under complete mydriasis. In the few cases of this kind with which I have met, the seat of the pain has been either in the eyeballs, or in the frontal or temporal region; and in one case of pure muscular trouble, in which the reflex pain was so severe as to produce nausea and vomiting when persistent use of

the eyes was indulged in, the pain was always located in the frontal region, and never in the occiput.

We know now how prolific a source of headache even slight degrees of refractive errors may be, especially astigmatism, so that observations upon the muscular or refractive causes of headache to be valid for differentiation, must be made under complete mydriasis, otherwise they are worthless. Why a headache in one case is frontal, in another temporal, and in a third occipital, I do not know, but I am inclined to believe that the occipital pain follows as a sequence, in most cases, to the frontal or temporal, being a result of a more prolonged irritation of the ciliary nerve, and this is not infrequently followed by nausea and vomiting under the continued irritation.

Recently I have given much more careful attention than formerly to the examination of the muscular condition of the eyes in cases with a history of headache, and I am convinced that muscular insufficiency is a much more common condition, associated with refraction errors, than has generally been supposed, and adds very materially to the difficulty of making suitable correction with glasses.

In determining, in cases of headache, if there be a refraction error as the basis of the discomfort, it is not necessary that the vision, as tested on the cards, be below normal, or that the lines on the astigmatic cards be unlike, for these tests are of little, or only approximate, value, as a patient may have a vision = 6/6 — and see the radiating lines all alike, but still have a considerable degree of hypermetropia or astigmatism, so that a most careful examination must be made in order to determine this question. We know that very slight degrees of astigmatism, 0.25D. or 0.50D., especially if the angles of the principal meridians are quite different, are most prolific sources of severe cranial discomfort, and hence these slight imperfections must be kept well in mind in our examinations of these cases.

Some gentlemen may think it is carrying matters to

extremes to correct these slight errors of refraction, but every oculist of experience has so often seen a cylinder glass of 0.25D., 0.50D. or 0.75D., produce so much comfort for patients who have suffered with life-long headache, that it will take a deal of arguing to convince him he is mistaken. The fact is, that the whole progress of medical science during the past two decades has been in the direction of the careful working out of the minutiae and details of practice in all directions, and it has been this extreme care with reference to details which has completely revolutionized, especially the surgical practice of the past ten years. The physician who now neglects to make use of all the appliances and means which science has put in his hands for the better diagnosis and treatment of diseases of all kinds, must reckon with his conscience for work badly done, and experience the chagrin of seeing his patients drifting into other more careful hands. Hence I have no hesitation in claiming that eye defects should be most carefully worked out in all their details, just as any other local cause of disturbance should be looked after.

The refraction causes of headache are generally hypermetropia or astigmatism. Occasional high degrees of myopia on account of excessive convergence of the eyes for near work, produce discomfort, but these cases are comparatively infrequent. In hypermetropia the overaction of the muscle of accommodation is the exciting cause, while in astigmatism the irregular action of this muscle is still more productive of discomfort and fatigue. I know of no way of distinguishing the headaches of hypermetropia from those of astigmatism, unless it be from the more severe character of the pain in the latter in certain cases. Sometimes a partial paralysis of the ciliary muscle produces discomfort upon slight use of accommodation.

The vast majority of these cases are amenable to relief by correction of the errors, although they require often to be judiciously directed as to the manner of doing near work for some time after beginning the wearing of glasses.

Some patients get relief simply by using the glasses for near work; others require to use them constantly, even though they be comparatively weak, the necessity for this depending probably both upon the amount of use to be made of the eyes and upon some personal peculiarity. Cases of muscular insufficiency must be corrected either by the judicious use of prisms or by proper operative procedures. A short history of a few cases may illustrate more forcibly the remarks I have made and indicate some of the varieties of cases met with.

CASE I. S. B. P., teacher, aet. 24. Has been troubled with headaches all his life, always in the frontal region, and has been treated often for some "bilious" or stomach difficulty. Always has been relieved by rest. Has been a hard student. Recently has had much more frequent attacks of headaches, not so severe but that he could keep up a moderate amount of work, but still enough to be very uncomfortable. The ophthalmoscope showed slight pigment rings about discs, some astigmatism, fundus otherwise normal. No muscular insufficiency. Under atropia the following glasses were given:

O. D. + 0.75 D. cy. ax. 85°.

O. S. + 0.75 D. cy. ax. 90°.

These were directed to be used for all near work only, at first, but the headaches continuing to recur quite frequently, the constant use of the glasses was ordered, after which he had no more discomfort and was enabled to do all the work he liked.

CASE II. F. B., aet. 9, school. Mother says that child has had severe frontal headaches radiating to top of head ever since going to school. These are often very severe, with attacks of regular "sick headache." Cannot read for more than half an hour or so before the pain comes on and the letters blur and run together. Examination shows no muscular insufficiency. Under atropia the following astigmatic glasses were ordered:

O. D. + 1.00 D. cy. ax. 75°.

O. S. + 0.25 D.  $\subset$  + 0.50 D. cy. ax. 80°.

Under the constant use of these glasses the headaches subsided; she was able to do her school work without difficulty, and was in every way improved. Leaving off the glasses, however, reinduced the head trouble, but while wearing them there is no difficulty.

CASE III. W. T. C. Has been troubled for some months with pain in the eyes after a moderate use of them for near work, and has also had some difficulty in seeing at a distance, so that testing the vision gave this result: O. D.  $V=6/9$  (?) O. S.  $V=6/12$  (?). The ophthalmoscope showed both discs rather highly colored, and both arterial and venous pulsation in each eye. Testing the muscles gave an insufficiency of  $4^{\circ}$ . This gentleman had been wearing a pair of myopic cylinders which very materially sharpened his vision for distance, but did not give relief for near work. Under complete mydriasis the vision in each eye became normal,  $6/6$ , and no glass improved, showing that there had been induced a spasmodic myopic astigmatism. A pair of prisms, each  $2^{\circ}$ , bases out, correcting the muscular insufficiency, was given for near work, and the eyes have continued to do well. In this case there was no occipital pain.

CASE IV. M. R., aet. 42. Has complained for years of having had more or less irritation of the eyes, accompanied with a good deal of frontal and occipital pain after much close work. He has always been obliged to use his eyes with moderation in studying, especially in doing night-work, with O. D.  $V=6/12$  (?) O. S.  $V=6/12$  (?) Under mydriasis found the following glasses the proper correction, giving  $V=6/6$ :

O. D.—1.25Ds  $\odot$  + 2.25D. cy. ax.  $10^{\circ}$ .

O. S.—2.00Ds  $\odot$  + 2.50D. cy. ax.  $160^{\circ}$ .

With this combination of glasses, worn constantly, his trouble was greatly relieved but he still had some irritation after prolonged study at times. A further examination more recently has disclosed a muscular insufficiency of  $3^{\circ}$ , and he is now using for near work, in addition to the above glasses, a pair of prisms  $1\frac{1}{2}^{\circ}$ , each eye, bases out, with

additional relief. In this case it will be noticed that there is the double defect of a high degree of mixed astigmatism, with the angles quite different, and the muscular insufficiency.

CASE V. Miss M. C., a student. Has complained for some time of irritation of the eyes and headache in the temporal region after study, and is not able to read more than half an hour without fatigue and pain. In both eyes  $V=6/6$ , and will bear no glasses for distance, but she has a muscular insufficiency corrected by a prism of  $6^\circ$ , base in. Prisms of  $3^\circ$ , each eye, bases in, were ordered. With these glasses has been able to do work with comfort.

The next and last case I wish to report has been one of exaggerated nervous disturbances, and is a very interesting one.

CASE VI. Miss E. S. F., aet. 18, a student in college, is a well developed, healthy looking girl. She says that at times she has had some difficulty with twitching of the upper eyelids. Has always suffered from severe headaches, and these have always been located in the frontal region, more marked over the right eye. Has had regular "sick headaches" as often as once a week, and between times a dull heavy feeling of discomfort. This pain has generally come on in the latter part of the day, and has always been relieved by sleep. She has been treated often for some "bilious" disorder, but with no permanent relief, and has never thought that her eyes were at fault, until a physician who saw her recently suspected it and sent her to me. As both her father and mother have been severe sufferers from headaches, she supposed it was some hereditary trouble. Within the past three years she has had several attacks of headache preceded by, and accompanied with, very different characteristics. The first of these attacks came on three years ago, and occurred in the morning while doing some light housework. She noticed that all objects seemed clear on the right side, while on the left they were either hazy or disappeared entirely, the line of demarcation being vertical

and somewhat hazy, not sharply defined. This lasted half an hour and terminated in a very severe attack of "sick headache," continuing all day, and disappearing with a night's sleep. She remembers to have had six such attacks, the three last having occurred within the past eight months. They were all alike in character and sequence of symptoms, except the last one. This occurred two days ago and came on in class, after three hours of hard study in the morning. She first noticed her sight becoming indistinct and then could see objects in horizontal sections, as it were. For instance, in looking at her teacher she could see the upper part of his face and eyes, then a section indistinctly, another portion more plainly, and so on, but everything slightly hazy. This attack passed off, leaving a dull frontal headache, without nausea. The ophthalmoscope showed, in the right eye, a broad, partly pigmented, choroidal crescent outwardly, and a smaller one internally; and in the left, a narrower crescent with some retinal haziness about the discs. O. D.  $V=6/9$  (?) O. S.  $V=6/18$  (?) Under complete mydriasis the following glasses were ordered for constant use:

O. D.  $+1.75$ D. cy. ax.  $80^{\circ}$ .

O. S.  $+2.00$ D. cy. ax.  $85^{\circ}$ .

These brought the vision in each eye up to normal. A communication received from this patient two days ago gives a very favorable report, with only one slight headache during the past three weeks, the glasses having been worn less than a month.

These cases are sufficient to give us some idea of the symptoms which characterize cranial disturbances from eye-strains, and of the various conditions or defects of the ocular apparatus, which constitute a basis for their origin.

## PROGRESS IN MEDICINE AND SURGERY.

Retiring Address of the President of the Northeastern Ohio Union  
Medical Association, Akron, Ohio, February 11, 1890.

BY DR. A. W. RIDENOUR, MASSILLON, OHIO.

MR. PRESIDENT AND GENTLEMEN :—It now becomes my painful duty to impose sentence on this august body. I therefore order each and every one of you to patiently maintain your seats until the reading of the valedictory is completed, and may you soon recover from any evil therein contained. Ere proceeding with the subject chosen for this occasion, I wish to thank you all for your patience, forbearance and kindness during the, to me, profitable and pleasant meetings of the society. I have thought that the progress made in medicine and surgery is attracting general attention, and have concluded to devote this paper to a brief synopsis of the more important facts, and, I will add, fancies, that have gained prominence.

We are in the midst of an evolution in medicine that bids fair to create many asses; in fact, judging from the exaggerated importance attached to really commonplace productions, the creation has already been made in not a few instances. With the enthusiasm born of youth and inexperience, coupled with an inordinate egotism and self-laudation, many men of many minds have forced medicine and surgery to the front, until the more thoughtful have found it difficult at times to cover the retreat of the more rash but inexperienced. In other words, it has become necessary to carefully weigh statements made in this manner, especially since our medical literature is publishing all the *trash* side by side with the good.

We are led to believe that medicine and surgery was chimerical, or existed only in the minds of old fogies who groped in the dark and were finally led to see the error they were laboring under by the students they taught. Is medicine such a hap-hazard study? Are there no fundamental principles underlying this huge superstruct-

ure? Must a complete revolution in the principles and practice of these allied branches take place during the life-time of every generation? Are we to forever be under the ban of mutation and purely transition methods? Are we to be at the mercy of every brain-racked and brain-cracked enthusiast? Is it not a little shocking to be told that the practice of our fathers was murderous ignorance and all pretense? Have we no feeling of *shame* thus to cast the calumnious cloud of disrespect on the teachings of the older men in the profession, albeit some of them were, no doubt, mistaken in some of their ideas of the proper application of fundamental principles in their practice and teachings? Must we cast aside all their teachings because, forsooth, a mote was found in the practice of one? When we do (and I may be permitted to remark I hope that some have done so) will we not be led to find the fault lies with the innovator and not with the fundamental principles? We will hope that while there is and always will be new devices, new instruments, new remedies, new methods of operating, the real science of all existed before. We *do* find many remedies that are vaunted as infallible prove utterly worthless when tested by the rigid experience of time and close experimentation. We have a painful notice now and then of the change in views by experience in some channels that were considered fixed immutably. We find Lister experimenting with a new antiseptic, and after completing what he considered his most perfect gauze, finds that starch will not adhere, and so disarranges all his plans and tells us his older antiseptic is a failure. This, no doubt, is a damper to the advance-guard who have adopted Listerism as a prime study, to the almost utter exclusion of all technique, to the exclusion of principles of medicine and surgery.

It is astounding how diverse are the views of some on the subject of antiseptics. One operator made an ovariectomy a few years ago (I had the pleasure of being present). All the antiseptic precautions of Lister were carried out *ad nauseam*, even to the *spray*. Patient recovered. The

operator was enthusiastic and informed us of his good success with the spray, et cætera. Only last fall I saw the same operator do the same operation, *sine* antiseptic, *sine* spray, instruments fished from a dirty satchel, sponges *old* and evidently much used. Patient recovered. The same operator *now* told us antiseptics was a humbug. I felt charitable to the gentleman on account of his age ; and yet, why the success equally so in his practice with and without antiseptics ? Inasmuch as his experience since dropping antiseptics has not extended through a series of years, it is probably sufficient to say that his decision should not be accepted as final in settling the question. Gentlemen, those of you who do not carry the antiseptic craze to extremes, do you know that there is virtue in their legitimate and judicious use ? It is a little like the country man going to the Fifth avenue hotel for the first time ; he ate and he ate, he stuffed and he gorged for a couple of days, lauding the house to the skies in the meantime, when, *ad nauseam*, his stomach rebelled and he could not eat, left the hotel in high dudgeon, saying it was not a good house ; the cooking was wretched. We sometimes waste too much time in preventing the invisible fly from getting in the wound, with the result that the fly gets his supper and the patient dies from an unskillful operation. Many men who pare their finger nails, use a nail-brush and study Listerism consider themselves operators. Operators are not born such ; it requires careful and long-continued practice to become a *good* one. It is like everything else, we must begin at the foot of the ladder, and only by a long familiarity with the subject in minor cases should we attempt any of the major operations. And, yet, what is the practice ? You will see unfledged, unskilled men performing the gravest operations, which results in bringing surgery into unmerited disrepute. Thousands of lives are sacrificed on the altar of ambition and notoriety. The world stands aghast at the result, and many cases that could be benefited in good hands are ruthlessly sacrificed or refuse to have anything done, preferring to die a natural

death rather than be killed. You will find men in the profession running along happily in a general practice without any surgery, but with an unlimited confidence in themselves, and only waiting an opportunity, which suddenly comes, and proceed to perform an operation that has received the close attention of the best surgeons in the world for years, until by comparisons, analysis and a careful study of regional anatomy and pathological symptoms have reduced the operation to a science in the hands of the student; and this unfledged operator, totally ignorant of the researches and thought or practice in this field, calmly proceeds to *murder* his patient, and is too complacently ignorant to know it. It is probably a wise provision of nature that some people have no conscience, else there would not be so much murdering done by these self-constituted surgeons.

Each of you could relate instances which would verify my utterance. We have only to notice the reports of cases of some of the gentlemen to prove the prevailing craze. The ovaries are removed for (in many instances) insignificant ailments; any rent in the cervix is speedily attacked by the speculum surgeon. Those who leave a sufficient number of ova cells in the stump after removing the major part of both ovaries (thinking all is removed), are chagrined to find menstruation and even pregnancy taking place afterwards. The round ligament is now shortened and sometimes remains so until the next pregnancy.

We now have trephines so large that unless the large button of bone is replaced and unites with the cranium, a dangerous absence of bony covering of the brain results. Regional brain surgery has so far advanced that it is possible to locate disease or results of injury, and patients become cured by operation. The suprapubic operation is now pronounced the best operation for enlarged calculi, or intracystic tumors, or enlargement of the prostate gland, especially the middle lobe, although some still prefer the perineal operation. The removal of diseased lung

to through section of the ribs has been attempted, yet the success has not warranted its general adoption.

But free opening of the pleural cavity, with thorough drainage and syringing the cavity, will save many lives when resorted to in pyemia.

Nerve stretching is considered preferable to nerve section in diseased conditions of the neurilema. Attempts have been made by operative methods to cure rupture, and with good results. I will not take up your time in this general notice to enumerate the various methods adopted by different operators, all aiming to close the opening. The removal of the sac is one of the necessary factors admitted by all.

The Crede method has been abandoned by the gentleman himself, although many who follow his recommendation really think the placenta can thus be hastened out of the uterus. Electricity is supposed to destroy tumors intra and extra uterine; many do not believe it. The Cesarean section is now taking the place of ovariectomy. Such has been the zeal of a few of its advocates that they recommend it even in cases of simply difficult or tardy labor. It is amusing to read the criticisms of an old gynecologist who has been cauterizing the cervix all his life, denouncing the same in unmeasured terms; and yet one cannot read his denunciations without being struck with the force of his arguments. No doubt many incurable cases of endometritis and cervicitis with hypertrophy can be traced to the use of caustic applications. Bands of adventitious tissue adhering to uterus and vagina, drawing the uterus out of shape, have resulted from the misuse of caustic applications. I cannot leave this branch of my subject without alluding to the general recommendation, a few years ago, of nicking the cervix in cases of rigidity during protracted labor with tardy dilatation. It is almost funny to now find the profession hunting those old *nicks* for the purpose of closing them; strange, to say the least. Dr. Senn has concluded that with a little gas and decalcified bone we are perfectly safe in the hands of Jack the Ripper. All abdominal, or rather intestinal, wounds can now be made

to walk out and show themselves. The millennium has come. The murderer will have to resort to dynamite in order to prevent the doctor from saving the patient's life. Abbe of New York thinks, however, that rubber rings are better than Senn's bone. We will patiently wait for the next modifier, until finally we will probably conclude that when a man is murdered he is dead. I believe in Senn, I believe in Abbe, but the simpler you make an operation on the intestinal tract the better the chances for recovery of your patient. It is seldom that a *four* hour operation in this field (as performed by Dr. Weir of New York ; patient died) can be done and patient survive, however simple the case is. I could go on enumerating various operations, all new, until I should read to empty seats, but before leaving this branch I cannot refrain from noting the *enormous* increase of *new devices* in surgical instruments. Every man who does an operation concludes it necessary to modify some *better* man's instrument, and frequently afterward calls it his own. The young surgeon, on beginning to practice, buys everything if he has the means ; and if he becomes skilled, besides throwing a few new ones on the market, leaves the greater portion he has on hand to *rust* in his cases. A few pages to medicine, and we will close.

Water, pure and simple, forms a prominent ingredient in all, especially proprietary articles. The poor allopath does not use so much, especially if he takes it before breakfast. Water formerly was composed of but two simple elements ; now it has many. In fact, at some of *our best* hotels it is considered as containing sufficient nourishment without the addition of any further ingredients to serve as soup. People can and do thrive on it. More would better thrive!! There is something the matter with our water, however. The "what is it" has made a permanent habitation ; solid particles of dead matter are sometimes found in it, and when drunk, a funeral follows. Our sanitarians differ a little in regard to the composition of the tail of the bacteria that builds castles in the water

to rear and propagate large families in. While one sanitarian will tell you that this water is unhealthy when bacteria towns are so plenty that scarcely any room is left for water, that drinking or properly eating such water will produce a fatal case of the "Grippe," another sanitarian will tell you that the bacteria being alive and in good health (hoping that you are enjoying the same blessing), are a source of health and nourishment to the human frame, that they find sustenance from the dead bacteria—being carnivora and man-eaters, cannibals—hence are really a benefit to the water. The oyster is a good example of bacteria fully grown, with the delicate flavor peculiar to the substance he feeds on; the octopus is another, but hard to cultivate, as they are very suspicious and always have feelers in advance.

There is a form of animal life that has been discovered in the sputa, and hence is supposed to have its habitation in the lungs. They have been opened and the stomach found to contain cheese, hence supposed to be tuberculous bacteria. The same have been found in the liver and in the vomited matter of an old toper. These are not like the bacteria which flock to an old sore on a hot August day when the doctor goes fishing. In drugs we are receiving daily *new* and unheard-of remedies, simple and compound, *all* proprietary *now*. It is no exaggeration to say that three-fourths are *utterly worthless*, not worth the directions written on each parcel in full, and in most a patent protection from Uncle Sam applied just over the back to inform the doctors and people that "we are determined that all the gullible people *shall* pay their money solely into our hands for these goods." What a monstrous farce this proprietary business is going into! Why, every drug store is now advertising its specific for death in its most aggravated form.

Our congress, or rather, patent office, at Washington, D. C., will give a patent of sole proprietorship to anyone for a consideration. After awhile the doctors will be driven to the wall, and yet nearly every one of you are

contributing to hasten the end, to facilitate your downfall, by using these same proprietary articles without even, in many instances, knowing anything about them. We find ourselves at fault when we prescribe one of these remedies and, on the supposition that the proprietor of the same was not a liar, tell the patient, "Now you will be relieved," only to find on your next visit that no better—worse if anything—greet you. You become surprised to learn in a day or so that your services are no longer needed, your patient concluding to buy her own *patent medicine* at the drug store; will save the doctor's visit, anyhow; "he uses the same patent remedy." Don't take any labelled bottle to the house if you must use the trash. Don't tell them what you are giving them. Don't patronize any drug store that sells patent or proprietary medicines; don't use any yourself. Strive to have the U. S. pharmacopœia revised; fight one, fight all, each and everybody who is adulterating drugs or sugar, coffee or anything we eat or drink, then swallow a large dose of nitro-glycerine and get under a moving car wheel. Is this a picture of progress of the *science* of medicine and surgery? Does this prove that it is all a farce? God forbid! It proves that fools exist; that evolution is creating many asses. It proves that the ambitious enthusiast without thoughtful experience but with cheek and *press* desires not only getting in his work, but is finding many, too many, gullible sympathizers, followers and dupes. It may seem strange, but the craze for money is justly responsible for some of this. Many men with wits sharpened by seeing others make money easy, as they think, leave the plow—where their calling was at least honest, and, I may add, where they should have remained—enter the profession, and finding money, notoriety, gratified ambition belonged not to the patient, slow-moving but *safe* plodder in medicine, determine to achieve it within an incredibly short space of time. They discover, or pretend to discover, a new instrument, devise a new operation or modify an old, established one, discover new remedies, and by clever advertising succeed in

attracting attention. Others travel around from town to town, soliciting *alms* from the people, or equivalent thereto, by selling "*their own*" remedies. *All alike*—and yet you *call this progress*. Why, in that elder day to be considered a good, quiet, modest, assuming, unpretentious, unsollicitous doctor was "*greater than a king*"—as kings go. And may the Lord have mercy on your—patients.

# The Cleveland Medical Gazette.

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Changes for advertisements must reach us not later than the second week of the month to be corrected in current number, addressed to W. N. GATES, Manager Advertising Department, 10 Public Square.

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EDITED BY A. R. BAKER, M.D., AND S. W. KELLEY, M.D.

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## EDITORIAL.

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### NORTHEASTERN OHIO UNION MEDICAL ASSOCIATION.

The seventy-fifth quarterly session was held in Akron, Tuesday, February 11. Owing to the entire absence of medical politics and the arbitrary rulings of the chair, in accordance with the recent precedent established in Washington, all extraneous subjects were excluded, and abundant time was thus secured to read and discuss all the papers. And notwithstanding the time consumed in election of officers, the meeting was, from a scientific stand-point, one of the most successful in years.

Written reports of cases were read by Drs. Morrow, Roebuck, Walker and Greenamyre. Dr. A. R. Baker read a paper on "Functional Nervous Diseases of Reflex Origin." An original poem was read by Dr. W. S. Battles, entitled, "Bacteria, or the Flies we Feed Upon and the Bugs that Eat us."

The president's retiring address was entitled, "Progress of Medical Science" (see page 179). We hope to publish some of the other papers read at this meeting in an early number.

Dr. J. F. Marchand opened the discussion of the selected topic, "Can We Limit the Spread of Contagious and Infectious Diseases?" and was followed by Drs. Starr, Evans, Everhard, Sherman, Ridenour, Conn, March, Pope, Martin and Barnes.

Election of officers for the ensuing year resulted in the choice of the following: President, Dr. W. T. Barnes; first vice-president, Dr. E. Conn; second vice-president, Dr. G. L. Starr; recording secretary, Dr. L. E. Sisler; corresponding secretary, Dr. A. K. Fouser; treasurer, Dr. E. W. Howard.

The Committee on Obituaries requested and were granted further time in which to report upon the death of Dr. D. A. Scott.

Drs. J. H. Seiler and C. E. Norris of Akron were elected to membership.

The Committee on Finance reported their approval of the several bills presented and their finding of the annual reports of the secretary and treasurer as correct. They also recommended the adoption of the following resolution: "*Resolved*—That the recording secretary be requested to make a list of all members in arrears for dues and report to the corresponding secretary, whose duty it shall be to notify them of such arrearages and request payment of same before the next annual meeting, or their names will be dropped from the roll of membership." On motion, the report was accepted and the resolution adopted as recommended.

On suggestion of the same committee, a motion prevailed allowing the recording and corresponding secretaries ten dollars each per year for their services.

Members present: Drs. Belden, Boyd, Cleaver, Conn, Fisher, Foltz, Fouser, Hitchcock, Hoover, Howard, Jacobs, Lee, Leonard, Millikin, McEbright and Theiss of

Akron; Dougherty, Evans, March, Marchand, Morrow and Walker of Canton; A. R. Baker, A. B. Carpenter, X. C. Scott and D. B. Smith of Cleveland; Barnes and Martin of Fredericksburg; Pope and Roebuck of Dalton; A. W. Ridenour of Massillon; L. E. Sisler of Clinton; A. Sisler of Manchester; P. S. Greenamyre of Smithville; W. S. Battles of Shreve; S. P. Grill of Orrville; M. M. Bauer of Uniontown; E. Nash of Montrose; G. L. Starr of Hudson; S. Pixley of Peninsula; A. M. Sherman of Kent, and N. S. Everhard of Wadsworth.

On motion, a committee was appointed by the chair to select delegates to the American Medical Association. The committee announced the following names as such delegates: Drs. Martin, Pope, Starr, Everhard, Roebuck, Marchand, Morrow, Greenamyre, Grill, Barnes, Battles, McEbright, Cleaver, Carpenter, Fisher, Allen, Herrick, Corlett, D. B. Smith and A. R. Baker.

The chair announced the following standing committees for the ensuing year:

Admissions—Drs. McEbright, Marchand and Herrick.

Publication—Drs. A. R. Baker, Ridenour and X. C. Scott.

Finance—Drs. H. G. Sherman, Carpenter and Reed.

Ethics—Drs. D. B. Smith, Foltz and Everhard.

Obituaries—Drs. Battles, Miller and Fisher.

The following appointments for next meeting were announced: Lecturer, Dr. A. B. Carpenter; alternate, Dr. Dudley P. Allen; essayist, Dr. C. H. Evans; alternate, Dr. A. E. Foltz; written reports of cases, Drs. W. W. Leonard, J. H. Seiler, X. C. Scott, S. A. Conklin, F. F. H. Pope, E. Conn and W. C. Steele.

Topic for discussion to be selected and to be opened by Drs. T. McEbright and A. M. Sherman.

Adjourned to meet in Cleveland on second Tuesday in May.

## MEDICAL PROGRESS.

As an antidote for Dr. Ridenour's address, which appears in this number, and which we fear may grate harshly upon the ears of some of the younger members of the profession, who have become so thoroughly imbued with the superiority of everything that is new in medicine and surgery over that which our preceptors knew, we will quote a part of a paper which appears in the February number of Harper's Magazine, entitled, "A Majestic Literary Fossil," by Mark Twain, who says :

If I were required to guess off-hand, and without collusion with higher minds, what is the bottom cause of the amazing material and intellectual advancement of the last fifty years, I should guess that it was the modern-born and previously non-existent disposition on the part of men to believe that a new idea can have value. With the long roll of the mighty names of history present in our minds, we are not privileged to doubt that for the past twenty or thirty centuries every conspicuous civilization in the world has produced intellects able to invent and create the things which make our day a wonder ; perhaps we may be justified in inferring, then, that the reason they did not do it was that the public reverence for old ideas and hostility to new ones always stood in their way, and was a wall they could not break down nor climb over. The prevailing tone of old books regarding new ideas is one of suspicion and uneasiness at times, and at other times contempt. By contrast, our day is indifferent to old ideas, and even considers that their age makes their value questionable, but jumps at a new idea with enthusiasm and high hope—a hope which is high because it has not been accustomed to being disappointed. I make no guess as to just when this disposition was born to us, but it certainly is ours, was not possessed by any century before us, is our peculiar mark and badge, and is doubtless the bottom reason why we are a race of lightning-shod Mercuries, and proud of it—instead of being, like our ancestors, a race of plodding crabs, and proud of that. So recent is this change from a three or four thousand year twilight to the flash and glare of open day, that I have walked in both, and yet am not old. Nothing is to-day as it was when I was an urchin ; but when

I was an urchin nothing was much different from what it had always been in the world. Take a single detail, for example—medicine. Galen could have come into my sick-room at any time during my first seven years—I mean any day when it wasn't fishing weather, and there wasn't any choice but school and sickness—and he could have sat down there and stood my doctor's watch without asking a question. He would have smelt around among the wilderness of cups and bottles and phials on the table and the shelves, and missed not a stench that used to glad him two thousand years before, nor discovered one that was of a later date. He would have examined me and run across only one disappointment—I was already salivated; I would have him there; for I was always salivated, calomel was so cheap. He would get out his lancet then, but I would have him again—our family doctor didn't allow blood to accumulate in the system. However, he could take dipper and ladle, and freight me up with old familiar doses that had come down from Adam to his time and mine; and he could go out with a wheelbarrow and gather weeds and offal and build some more while those others were getting in their work. And if our reverend doctor came and found him there he would be dumb with awe and would get down and worship him. Whereas, if Galen should appear among us to-day, he could not stand anybody's watch; he would inspire no awe; he would be told he was a back number, and it would surprise him to see that fact counted against him instead of in his favor. He wouldn't know our medicines; he wouldn't know our practice; and the first time he tried to introduce his own, we would hang him.

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## AMONG OUR EXCHANGES.

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While SIR JOSEPH LISTER continues his unwearied search for more efficient germicides, and has at last announced his preference for the double cyanide of mercury and zinc in his address before the Medical Society of London,<sup>1</sup> American surgeons are finding that scrupulous cleanliness, good surgery, and plain boiled water for

(<sup>1</sup>Med. Rec. November 23, '89.)

sponges, instruments and flushing, are, as DR. SUTTON of Pittsburgh showed in his recent address before the Pittsburgh Obstetrical and Gynecological Society, equally efficient in good results and far more devoid of danger, than solutions of actively poisonous drugs. Soap, taken at once and repeatedly, is recommended<sup>2</sup> as the best antidote for *carbolic acid poisoning*; but in the cases of carbolic acid poisoning which have occurred in this city, according to the best of our recollection, death has resulted so nearly instantaneously that antidotes were out of the question. Of more practical importance are the experiments of DR. ALT,<sup>3</sup> establishing the fact that about one-half the morphia injected subcutaneously is secreted by the gastric mucous membrane into the stomach, the secretion beginning within about three minutes after the administration of the drug and ceasing entirely after an hour, thus indicating that the stomach-pump should be used in cases of poisoning where the morphia has been given subcutaneously, as well as in cases where it has been taken by the mouth. Among the numerous remedies for aborting *coryza*, DR. BEVERLY ROBINSON considers full doses of carbonate of ammonia, frequently repeated, as one of the best.<sup>4</sup> To those who have cases of *night sweats*, especially in *phthisis*, and in convalescents from continued fevers, the testimony of DR. STANLEY M. WARD of Scranton, Pa.,<sup>5</sup> as to the value of picro-toxin, will be of interest. He gives it in doses of the sixtieth of a grain in pill form. One dose is administered early in the evening and repeated towards morning, if necessary. He has found but one case during the last five years where the remedy did not act efficiently. He finds it more reliable than agaracin, and has witnessed no other effect from it save that of an anti-hydrotic. This use of picro-toxin is, so far as we can discover, new, and it is to be hoped that other physicians will give the remedy a fair trial, and, what is fully as important, publish their results so that the

(<sup>2</sup>Med. Rec.)

(<sup>3</sup> Berlin. Klin. Wochenschrift, 1889, p. 550.)

(<sup>4</sup>Med. Rec.)

(<sup>5</sup>Pittsburgh Med. Review, November, '89.)

profession may arrive at a knowledge of its real value. In the hands of DR. JAMES TYSON of Philadelphia, Pa., antipyrin has failed to sustain the reputation given it by the French physicians who have been extolling its results in *diabetes milletas*. In the three cases in which he used it, all women,<sup>6</sup> the results were substantially negative, so far as the sugar was concerned. In the first the sugar fell off slightly, but to a less degree than by the stringent diet method. In the second there was no effect. In the third the sugar was not diminished, while the patient was nervous and generally miserable till the use of the drug was stopped. So, also, the treatment of *hypertrichosis* by ethylate of sodium, as advocated by DR. JAMESON of Glasgow, is discouraged by DR. JOHN V. SHOEMAKER,<sup>7</sup> who has used it, and finds it severely painful and apt to leave a badly scarred surface. DR. M. HARTWIG of Buffalo, N.Y., has also taken pains to give Mohn's method for the instantaneous cure of *whooping cough* by sulphurous acid fumigations, a thorough trial, and has demonstrated<sup>8</sup> that the so-called cure is neither instantaneous nor infallible. It is to be hoped that the journals which have given such extensive currency to the cure, will take pains to give equal currency to DR. HARTWIG's observations.

A simple method of treating *carbuncle* is mentioned editorially in the Medical Bulletin of November, '89. The inflamed parts are covered with bicarbonate of sodium and a suitable dressing applied. On removing the dressing in the course of a few days, the carbuncle is found dotted with openings from which pus is oozing. A good poultice or soothing ointment is then all that is necessary to effect a cure. Those who have experienced the local anæsthetic effect of bicarbonate of sodium in *burns*, will find it not difficult to credit the statement made by the editor of the Bulletin that, under this method, pain, constitutional symptoms and destruction of tissue are less

(<sup>6</sup>Med. and Surg. Reporter, January 4, '90.)

(<sup>7</sup>Med. Bulletin, November, '89.)

(<sup>8</sup>Buffalo Med. and Surg. Jour., November, '89.)

than under the treatment by incision, puncture, etc. If any of our readers should find occasion to try this method, we hope they will not fail to inform us of its results, whether favorable or unfavorable. This dislike on the part of American physicians to record results has been of great disadvantage to the reputation of the American profession.

It is not a little humiliating to find an American medical journal devoting a couple of columns<sup>9</sup> to the observations of some foreigner who has just found out that calomel is a diuretic, as though that clinical fact and the indications for the use of the drug had not been known to the American cross-roads practitioner for two generations at least. The late DR. DELAMATER used to teach it half a century ago. His favorite diuretic for ascites due to cardiac weakness being his "No. 4," a pill consisting of opium, calomel, squill and digitalis, of each a grain to be given once in four hours. "Opium," he was wont to say, "is not usually classed among the diuretics, but it is very effective in calming the nervous irritability usually present in these cases of insufficient action of the kidneys, and thus enables the diuretics proper to act more efficiently." The same view is held by those who are now advocating the cautious use of morphia in uremia. Two cases are given by DR. J. L. CLEVELAND of Cincinnati, O.,<sup>10</sup> illustrating the efficient action of pilocarpine as a diuretic, when given hypodermatically in doses of  $\frac{1}{8}$  to  $\frac{1}{4}$  grains. The cases were of *chronic parenchymatous nephritis* with ascites, and in one case valvular disease of the heart. In both cases there was marked improvement. Remedies capable of *making the urine acid* are not so numerous that we can afford to overlook the experiments of DR. ANDREW H. SMITH of New York city with saccharin. He cites four consecutive cases<sup>11</sup> where it had worked satisfactorily, the dose used being five grains three times a day, for an

<sup>9</sup>Pittsburgh Med. Review, September, 1889.

<sup>10</sup>Lancet Clinic, November 23, 1889. <sup>11</sup>Med. Rec., November 16, '89.

adult. The use of antipyrin or acetanelid in childbirth, for the purpose of diminishing the discomforts of labor, whether alone or as an adjuvant to morphia or Dover's powder, seems to be on the increase. DR. J. BARAN of New York reports a case<sup>12</sup> where the exhibition of twenty grains was followed by the rapid dilatation of a rigid os and the cessation of the agonizing pains from which the patient had been suffering, and though the expulsive efforts by which the child was delivered, an hour and a half after the drug was given, were exceedingly powerful, the pain felt was not severe enough to be complained of. We would be glad of reports from our readers who have used this series of drugs in labor cases, for, in the cases where we have employed it, though we believe the effects have been in the main good in quieting nagging pains and promoting dilatation, we have not yet seen any results as brilliant as the one above quoted. A valuable fact is brought out by DR. BOARDMAN REED of Atlantic City, N. Y.,<sup>13</sup> in an article entitled "Why Physicians should Cultivate Photography?" He shows that the intensity of the actinic rays on the sea-shore are three times as intense as those in an ordinary landscape away from the sea, and eighteen thousand times as strong as those in the ordinary shaded and curtained room, thus showing that it is the out-door light which is the curative agent fully as much if not more than the out-door air. The *Revue de Therapeutique* claims that *gunpowder stains* may be removed by painting the parts first with a solution of biniodide of ammonium and water, equal parts, then with dilute hydrochloric acid. Glycerine of borax is highly recommended by DR. G. MANSELL SYMPSON<sup>14</sup> for *infantile diarrhœa*. As points in its favor he says: "The children like it; it lessens the griping pain, renders sweet the different motions and stops the diarrhœa." He gives it as follows: Glycerine of borax, ℥xx; tr. aurantii, ℥iii; aqua distill. ad. fd. ℥i, to be given every one, two or three hours as indicated.

<sup>12</sup>Med. Rec., October 12, 1889.<sup>13</sup>Med. Rec.<sup>14</sup>Lancet.

## NEW BOOKS.

'THE NATIONAL MEDICAL DICTIONARY,' including English, French, German, Italian and Latin technical terms used in medicine and the collateral sciences, and a series of tables of useful data. By John S. Billings, A. M., M. D., LL. D., Edin & Haw, D. C. L. Oxon, with the collaboration of W. D. Atwater, M. D., Frank Baker, M. D., S. M. Burnett, M. D., W. F. Councilman, M. D., Jas. M. Flint, M. D., J. A. Kidder, M. D., William Lee, M. D., R. Lorini, M. D., Washington Matthews, M. D., C. S. Minot, M. D., H. C. Yarrow, M. D. Philadelphia : Lea Brothers & Co. 1890. 2 vols., 800 pages each.

This is one of the important publications of our times, and far surpasses in value any work of its kind that has come to our notice. Without being an encyclopedia, it is sufficiently full; without being too brief, it is admirably concise. Besides the dictionary proper, there are the tables, which will be frequently referred to: As, for instance, the table of doses; poisoning and antidotes; table showing systems of numbering spectacle glasses; tables showing expectancy of life; showing the relation of girth of chest to increasing height in men of 18 to 45 years of age; showing average dimensions of parts and organs of the adult human body; weight of organs of human body; dimensions and weight of foetus at different ages; comparative scales showing at a glance the exact equivalent of ordinary weights and measures in those of the metric system, and *vice versa*; graphic comparison of thermometric scales; six tables of foods and dietaries, and two colored charts.

It is very useful to know the equivalent word in the principal foreign languages, and becomes more important every year, owing to frequent journeying abroad by medical men, and the free communication which exists nowadays between scientific men of all nationalities. The work is complete in two volumes of convenient size, and the two volumes are ready for delivery. There is some satisfaction in this. A friend of ours remarked that he is sorry he did not purchase the 'National' instead of a dictionary for which he did subscribe and received the first volume;

for he is still waiting till he fears half the words in the first volume will be obsolete before he gets the rest of the work.

The sizes and variety of type used have been well selected to aid the eye in quick and easy reference, and the paper and binding are evidently calculated to withstand the wear and tear of every-day use.

The 'National' will probably be recognized as the standard medical dictionary wherever English is the prevailing language.

'LECTURES ON NERVOUS DISEASES,' from the stand-point of Cerebral and Spinal localization, and the later methods employed in the Diagnosis and Treatment of these affections. By Ambrose L. Ranney, A.M., M.D., Professor of Anatomy and Physiology of the Nervous System in the New York Post-Graduate Medical School and Hospital, Professor of Nervous and Mental Diseases in the Medical Department of the University of Vermont, etc., etc. Profusely illustrated with original diagrams and sketches, in color, by the author; carefully selected woodcuts and reproduced photographs of typical cases. Philadelphia: F. A. Davis, publisher.

The first section of the book treats of the anatomy, physiology and pathology, with regard to cerebral and spinal localization. The second section discusses the steps to be taken during the clinical examination of a patient and the deductions which may be drawn from the facts thus elicited. The third and fourth sections treat of individual diseases of the brain and cord.

One section is devoted to functional nervous diseases, discussing fully the subjects of eye-defect and eye-strain in their relations to nervous disorders.

The final section treats of electricity and its applications in neuro-therapeutics.

A glossary of neurological terms has been added, and also a bibliography.

The colored sketches and diagrams greatly facilitate the understanding of so intricate a subject, and one recognizes in the whole work the author of 'The Applied Anatomy of the Nervous System,' 'Electricity in Medicine,' etc., etc.

The proof-reading might have been better done and the binding is more showy than substantial.

'A HAND-BOOK OF DISEASES OF WOMEN,' including *Diseases of the Bladder and Urethra*. By Dr. Winckel, Professor of Gynecology and Director of the Royal University Clinic for Women in Munich. Authorized translation edited by Theophilus Parvin, M.D., Professor of Obstetrics and Diseases of Women and Children in Jefferson Medical College, Philadelphia. Second Edition, Revised and Enlarged, with one hundred and fifty illustrations. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street.

This work needs no introduction to American readers. The first edition was placed on the list of text-books in several first-class colleges, and this second edition will, no doubt, extend its popularity with the profession. Dr. Winckel has produced a complete and satisfactory text-book of gynecology. Those who are familiar with the scholarly pen of Dr. Parvin need no assurance that the work has lost nothing through his editorship.

Another fact not to be despised is, that its price recommends it, especially to the student. It has 766 pages. Illustrated, well printed and bound, and the price is only \$3. Most works on gynecology covering the same ground cost from five to six dollars.

'A TREATISE ON MATERIA-MEDICA, PHARMACOLOGY AND THERAPEUTICS.' By John V. Shoemaker, A.M., M.D., Professor of Mat. Med., Pharmacology and Therapeutics in the Medico Chirurgical College of Philadelphia, and John Aulde, M.D., Demonstrator of Clinical Medicine and Physical Diagnosis in the same institution. In two Volumes. Per volume, cloth, \$2.50; sheep, \$3.25 net.

Vol. I. is now before us. It is devoted to Pharmacy, General Pharmacology and Therapeutics, and remedial agents not properly classed with drugs. The authors have done well in their arrangement of these distinct yet closely allied subjects which can be more readily mastered when studied together than separately. The chapters on remedies and remedial agents not properly classed with drugs will prove very entertaining reading. There are chapters on Electro-therapeutics, Heat and Cold, Mineral Waters, Metallo-therapy, Transfusion, Hypnotism and Suggestion, Earth-dressing, Baunscheidtismus, Climatology, Light, Music, Blood-letting, and Suspension. Between the different parts of the book are a number of close-ruled blank pages for the addition of notes or formulæ. We

hope the second volume will be as good as the first, for it will be a very meritorious work.

‘A TREATISE ON DISEASES OF THE NOSE AND THROAT.’ In two volumes. By F. Huntington Bosworth, A.M., M.D. With 4 colored plates and 182 wood-cuts in Vol. I. William Wood & Co., New York. 1889.

Dr. Bosworth at first undertook to prepare a second edition of his book on the Diseases of the Nose and Throat, published in 1881. As the work progressed, however, it was found necessary to re-write the whole, and in order to present a complete treatise on the subjects covered by the title, it soon became evident that it would have to be divided into two volumes, of which the one just issued is Vol. I., containing three sections. The first of these presents a consideration of the diseases of the nasal cavities proper; the second, that of the nasopharynx; while the third contains brief descriptions of all the various operations that have been resorted to for the removal of growths from the nasal passages or nasopharynx, and which involved incision, either of bone or of the soft parts. In this last section four lithographic plates have been introduced, illustrating operations.

The extensive reputation that Dr. Bosworth has acquired in the treatment of this class of diseases, renders this work one of the most important medical publications of the year.

Aside from two chapters, that on “Mucous Membranes” and that on “Taking Cold,” the work is entirely new and has been written without reference to the earlier volume.

Too many of our books, especially text-books, are written by comparatively young men; as they grow older and the demands from increasing practice occupy all their time, the publisher asks for a revised edition. A few typographical errors are corrected, possibly one or two chapters re-written, and a new edition sent out which does not represent the present practice of its author, and thus it is that most of the text-books used in our schools are from five to twenty years behind the present status of

medical science. And when an author revises a work in fact as well as in name, as Dr. Bosworth has done, he should receive due credit for it.

The work, as now presented, represents the matured views and practice of one of the best known workers in this special department, and will prove of inestimable value to the specialist as well as the general practitioner.

## NOTES AND COMMENTS.

*Upon invitation of Rev. Dr. McConnell*, rector of St. Stephen's P. E. church, Dr. D. Hayes Agnew lectured in the church to a thousand or more medical students upon the subject of Christianity. As medical students are not regular attendants of church services, Dr. McConnell recently resolved to do something toward bringing their attention to religious matters, and arranged a course of three lectures for their benefit. Dr. Agnew urged his hearers to Christian effort, and was closely listened to throughout. Next Sunday evening Dr. Parvin will address the students, and on Sunday evening, February 9, Dr. John Ashurst will speak.—*Medical Register*.

*Dr. Forest W. Brayton*, formerly of Carey, Ohio, has removed to Toledo, and is associated with Dr. W. W. Jones of that city.

*Dr. Geo. L. Thorne* of Toledo, Ohio, decided to no longer tread the "thorny" path of life alone, and was married recently to Miss Lilian Bell Clark of that city.

"*Nineteenth Century Seen with the Speculum*" is the suggestive name which M. Ricord is said to have given the memoirs which he has left of his life and professional career.

*The Ills of our Eminent Confreres.*—Our exchanges tell us that Dr. Brown-Sequard has the whooping-cough.—*Medical Record*.

Nothing like going through the entire performance. We expect nothing else than to hear of his having mumps, chicken-pox, scarlet fever, summer complaint and wearing diapers.—*Lancet and Clinic*.

Hydrocephalus is what started the trouble.

*Medical Societies.*—The following list includes the principal appointments for the year 1890.

Tenth International Medical Congress, Aug. 4, Berlin.

British Medical Association, July 28, Birmingham.

Anglo-American Medical Society, Sept., Paris.

Ontario Medical Association, June, Toronto.

Convention for Revising the U. S. Pharmacopœia, May 7, Washington, D. C.

American Medical Association, May 20, Nashville, Tenn.

American Gynæcological Society, Sept. 16, Buffalo, N. Y.

American Academy of Medicine, Nov. 12, Phila., Pa.

American Climatological Association, June, Denver, Col.

American Dermatological Association, Sept. 2, Richfield Springs, N. Y.

American Laryngological Association, Baltimore.

American Neurological Asso., June, Long Branch, N. J.

American Ophthalmological Association, July 16, Hotel Kaaterskill, N. Y.

American Orthopædic Asso., Sept. 16, Philadelphia, Pa.

American Otological Asso., July 15, Hotel Kaaterskill, N. Y.

American Pædiatric Society, Sept., New York.

American Public Health Association, after Nov. 1, Charleston, S. C.

American Rhinological Asso., Sept. 9, Louisville, Ky.

American Surgical Asso., May 13, Washington, D. C.

Association of American Anatomists, Dec. 29, Boston, Mass.

Association of American Medical Editors, May 19, Nashville, Tenn.

Association of American Physicians, after May 20 and before June 15, Washington, D. C.

Association of Medical Superintendents of American Institutions for the Insane, June, Niagara Falls.

Mississippi Valley Medical Association, Sept. 9, Louisville, Ky.

National Association of Railway Surgeons, May 1, Kansas City.

Southern Surgical and Gynæcological Association, Nov. 11, Atlanta, Ga.

Tri-State Medical Association (Georgia, Alabama and Tennessee), Oct. 21, Chattanooga, Tenn.

*Fees in New York.*—The professional fees in New York city are not so extravagant as they are generally believed to

be. The general practitioner averages from two to five dollars per visit, according to pecuniary condition of patient. The average fee for visit to the wealthy, five dollars. The office consultation of an expert or general consultant is, as a rule, ten to twenty-five dollars for the first visit, and five to ten for succeeding ones.

The fee for a consultation visit varies with the reputation of the consultant and the ability of the patient, from ten to twenty-five dollars. Visits out of town are usually from ten to twenty dollars per hour of absence from home plus the traveling expenses and regular consulting fee of twenty-five dollars. Surgical operations are rated according to character, time, skill, and range from one hundred up into the thousands. The operation fee is charged for as extra of that for time away from home. Night calls are twice the amount of day services, whether ordinary or consulting visits. Notwithstanding these accepted rules, there are not a few here who can charge much higher fees—in fact, name their own price and get it. On the other hand, there are many younger men in the profession who are content to average a dollar a head for every patient they see, whether in their office or on the top floor of a six-story tenement in the rear. This is true, although we would not like to have it repeated.—*Medical Record.*

*Alumni Association Medical Department of Western Reserve University.*—The following circular letter was sent to each alumnus of the association :

CLEVELAND, O., February 1, 1890.

DEAR DOCTOR :—You are cordially invited to be present at the annual meeting of the Association, to be held at the college, at 2 o'clock on the afternoon of Commencement day, March 5, 1890.

The oration is to be delivered by Dr. Julian Harmon of Warren, Ohio.

Some new exercises, which are expected to add much to the interest of the meeting, are to be introduced.

If you cannot possibly come, let us hear from you by letter ; and if you know of any changes of address or deaths among our members, will you kindly report them ?

Fraternally yours,

J. M. LATHROP, M.D., President.

JNO. P. SAWYER, M.D., Recording Secretary.

S. W. KELLEY, M.D., Corresponding Secretary.

*Medical Register and Directory* of Pennsylvania and Delaware for 1890 makes a volume of over two hundred pages and contains the names of over seven thousand physicians. It is edited by Dr. W. B. Atkinson and published by George Keil of Philadelphia.

*Dr. P. H. Sawyer*, who has recently recovered from a serious attack of pneumonia, has gone south for a few weeks.

*Dr. H. E. Handerson* will deliver a course of lectures on the history of medicine at the University of Wooster Medical college, 132 Brownell street. The course will begin Thursday, March 6, and continue every Thursday evening at 8 P.M., for eight weeks. As this is the first course of lectures delivered on the history of medicine in this country, a general invitation is extended to the profession to attend.

*Dr. Billings* was made professor of the history of medicine in the Medical Department of Harvard university a short time since, but we have been informed that no lectures have yet been delivered.

*Dr. H. W. Kitchen*, professor of anatomy in the Medical Department of the Western Reserve university, has returned to London, where he left his family during the winter. He expects to spend another year abroad.

*Rev. Dr. Pomeroy* will deliver the opening address of the Medical Department of Wooster university in the college amphitheatre, at 8 o'clock P.M., Wednesday, March 5.

*Dr. Charles L. Cleveland*, one of the best-known Homeopathic physicians of this city, died recently from pneumonia. At one time, Dr. Cleveland was editor of the *Clinical Review*, a defunct Homeopathic medical journal published for a short time in this city.

*Dr. Morrison* of Los Angeles, California, spent a few days in the city recently.

*Dr. John B. Walker* has opened an office at 147 Euclid avenue.

*Cuyahoga County Medical Society*.—Programme for March meeting: Essay, Dr. Hobson. Subject for discussion, "The Treatment of Morbid Products in the Plural Cavity," to be opened by Drs. Peskind and Crile. Report on progress in diseases of children, Dr. Kelley.

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**Cleveland Medical Gazette.**

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**ORIGINAL ARTICLES.**

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**THE EFFECT WHICH CERTAIN RECENT DISCOVERIES CONCERNING THE CAUSE OF DISEASE HAVE HAD UPON THE PRACTICE OF MEDICINE.\***

BY DR. B. B. LOUGHEAD, RAVENNA, OHIO.

The history of the medical science, like the history of all science until the beginning of the present century, is written in the history of a few men, scattered through the centuries of the past. These men were the giant intellects of their centuries, overshadowing their fellows as monarchs of the forest overshadow the puny undergrowth.

I have read that in a church-yard on the banks of the Connecticut river, there is a grave marked by a marble slab bearing only this inscription, "The Disciple of No Man." It is the last resting place of one of the fathers of New England medicine. The inscription is said to portray the mind of him who sleeps there, and whose years and strength were spent in the wearying round of professional duties.

\*Address at the Commencement Exercises of the Medical Department of Western Reserve University, March 5, 1890.

The words seem to me to aptly formulate the sentiment that inspires the medical profession to-day. It has ceased to look to men for theories, but is patiently awaiting the results of experimental research in the laboratory. It asks for truths, caring not upon what authority, demanding facts, not fancies; results, not theories. For centuries the medical profession followed authorities, theories and fancies and found them blind leaders of the blind. An honest skepticism has taken fast hold upon it, a skepticism that repudiates discipleship and asks for proofs.

As early as 1848 the presence of bacteria in the blood of animals that had perished of septic diseases was known. There appears to have been no effort to connect them with the diseases in a causal relation. About twenty years later some experimental work on the nature of septic infection by certain German scientists called the attention of the medical world to the possible relation of these minute organisms to septic diseases. Pasteur had published his work on fermentation. The possibility of these organisms having a causal relation to septic diseases came to the world like a revelation.

Meanwhile, Lister, a Scotch surgeon, made desperate, as Prof. Belfield says, by the loss of a number of surgical cases from pyæmia (how common that condition was among surgeons of that day), unable to await the tedious process of experimental science, submitted the whole question to empirical arbitration upon the operating table. The whole world soon knew the result, and surgical practice, liberated from the horrors of septicæmia, became bold and self-reliant.

Pathological investigation that had already attained a high degree of perfection under the leadership of Virchow, received a new impulse. The possibilities of the new pathology offered a wide field for exploration hitherto unsuspected. The revelations of the microscope were about to revolutionize the methods of treating diseases as they had already changed the treatment of wounds. Then occurred what one of our great statesmen might have

truthfully called "one of the greatest scrub-races on record." The possibility of glory and undying fame was open to every man with a microscope. Microbes were sought and caught, identified and classified and given a polysyllabic name with a bewildering rapidity. Our journals were full of the writings of embryo Pasteurs. A microbe found in the vicinity of a diphtheritic process was tried and convicted of being the cause of the disease without even an opportunity of proving an alibi. Within a short space of time three distinct forms of bacteria were declared to be the only and original diphtheritic bacteria, and their pictures were hung in the rogues' gallery duly labeled with the name of the detectives who had arrested them. We have a saying that an empty wagon makes the most noise—these were the empty wagons rattling past.

In the meantime, men who worked for results instead of glory began to bring order out of chaos. Knowledge of actual value came from the laboratory. The isolation and cultivation of microbes gave an opportunity for trustworthy experiments.

The benefits of the new pathology have thus accrued to surgery and sanitation in preventing disease rather than to the treatment of diseases produced by these micro-organisms.

Conceding that the inoculation with certain organisms is always followed by certain specific diseases if the circumstances are favorable, and that these organisms are the agency by means of which infection is conveyed from person to person, there still remains two questions that must be settled by experimental research or by clinical observation before the treatment of these diseases can be materially changed from an enlightened empiricism.

1. The manner in which these disease-germs produce disease having gained admittance to the system.

2. In what the "fruitful soil" of the bacteriologists consists, or the "inherent predisposition" of the older pathologists.

When we have learned more of the nature of this chemical poison, and of the manner in which it acts upon the tissues of the body, we shall perhaps be able to discover its antidote.

The store-house of knowledge collected by centuries of careful observation, from which every physician draws, and to which he adds, can never lose its value in practice. But by the combined work of the laboratory and clinical observation, working together as the two parts of an harmonious whole, the great field of scientific knowledge, whose border-land has yet scarcely been entered upon, will be fully explored and the truths there found will bring the blessings of life and health to a multitude of sufferers.

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## REPORT OF A CASE DEMONSTRATING TUBAL DISEASE AS CAUSE OF PAIN.

BY DR. A. F. SPURNEY, CLEVELAND, O.

Mrs. A. T., colored, was sent to clinic of Prof. Rosenwasser, April 24, 1889, giving a history of constant and great pain in right hypogastric region and back, especially severe at menstrual periods, at which time confined to bed two weeks at a time for past six (6) months; trouble existing past thirteen years.

Began menstruating in twelfth year, always regular until about two years ago, since which time every three weeks. Never pregnant, married twelve years. At present living with second husband. Examination: tender mass about size of walnut to right of uterus, tube and ovary enlarged, slight tenderness to left, uterus retroverted; fixed.

All previous treatment of no avail, patient continually growing worse.

Laparotomy decided on by Prof. Rosenwasser, April 25, assisted by Dr. A. F. Spurney. Operation performed by making incision  $2\frac{1}{2}$  inches long, subsequently enlarged to  $4\frac{1}{2}$  inches. Uterus and adnexa found bound by adhesions to

sacral peritoneum and roofed over by tense false membrane. After liberating adhesions on right side, three almond-sized bodies were found, one attached by short broad pedicle, the other two directly an outgrowth of uterus. The pediculated one tore away on attempting to ligate it, was found to be fibroid; the other two were left *in situ*, it not being deemed essential to remove them.

Another tumor shelled out from right side proved to be a hydrosalpinx, which was secured and tied off with catgut and removed. The organs on the left were so firmly bound and roofed in that the attempt to free them was soon abandoned, on account of the danger of injury to adjacent organs.

The abdominal cavity washed with boiled water, glass drainage tube introduced, eight through and through sutures of silk placed, a continuous suture of catgut used, bringing together peritoneum, muscles, and lastly, integument; silk sutures tied, iodoform collodion applied and wound dressed.

After-treatment consisted in keeping patient as quiet as possible, no opiate being allowed. Considerable trouble experienced in moving bowels, patient not being able to retain anything on stomach, enemas of no avail, finally succeeded on fifth day by administering six one-half grain calomel powders two hours apart, followed by pot. tart. and enema. About twelfth day the large mural abscess which had been developing the past few days, broke into track of drainage tube. Abscess extended to left of incision about two and one-half inches; injected solution bichlorid 1-5,000 three times a day; disappeared in short time.

Drainage tube removed May 12, track entirely healed May 20, and patient discharged from hospital May 24, one month after operation.

Menstruated freely during week preceding June 1. This was the first time in thirteen years that she menstruated without pain. October 13, 1889, six months after operation, patient reports herself entirely well, being able to do

her work every day, without fatigue or pain; menstruates regularly, freely, and entirely without pain.

The rule usually followed in cases of inflammatory adhesions of pelvic organs, treated by laparotomy, would be to thoroughly liberate them, and remove diseased adnexa; in this case, however, this was found impossible, on account of the danger to which adjacent organs were exposed; however, the hydrosalpinx found was easily separated and removed. Patient made a good recovery, finding herself better than for thirteen years previously. Now, one would naturally infer that the hydrosalpinx was the cause of all pain patient complained of, and not the inflammatory adhesions.

I do not offer this case as evidence that in similar condition we should say pain is not produced by these adhesions, but to show that these cases do not always give rise to pain without additional trouble, either in adnexa or some foreign growth in surrounding organs, and by their removal have complete relief follow, without disturbing surrounding inflammatory adhesions to any great extent.

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### GLAUCOMA.\*

By G. A. ASCHMAN, B. Sc., M.D., YOUNGSTOWN, O.

Glaucoma is, besides cataract, the most interesting and important chapter in ophthalmology. It is so to the specialist on account of its pathological anatomy, the many theories connected with its etiology, the seriousness of the disease and the happy results that can be obtained by proper and careful treatment. For the general practitioner, on the other hand, it is of the very greatest importance to make the correct diagnosis, as it is to him, that is, the family physician, that most people first complain of their eye troubles, and if proper treat-

\*Read before the Mahoning County Medical Society, Youngstown, Ohio.

ment and advice is given, a great deal can be done in the beginning. If, however, glaucoma is not recognized and is neglected, or even, as is sometimes the case, remedies favorable to the progress of the disease applied, it will lead to sure and complete blindness, and after a certain point is reached, no human skill can ward off this greatest affliction of mankind. I therefore deem it desirable to deal in this paper especially with the symptomatology and treatment, and to allude only to the pathological anatomy and the pathogeny of glaucoma. The name is derived from the Greek—*γλαυκός*—marine green, which shows that already the ancients recognized the greenish color of the pupil, a symptom that is by no means characteristic of the disease. (Some say it comes from *ἡ γλαύξ*, the owl.) There are three chief and characteristic symptoms:

1. Increased tightness of the eye capsule (sclerotic or cornea) or increase of the interocular pressure, increased tension or hypertony.

2. Excavation, or "cupping," of the papilla nervi optici, produced by the increased tension.

3. Diminution of sight, which without therapeutic interference leads to progressive and permanent blindness. If these symptoms come on in an eye formerly healthy or the subject of some disease which has no influence on the glaucoma, we have primary glaucoma.

If the eye was formerly diseased and on account of this disease predisposed to glaucoma, we have secondary glaucoma; although the latter is of the greatest importance and it is always necessary to distinguish between primary and secondary glaucoma, we will now only deal with the former.

If the above-named symptoms are the only ones present, we speak of glaucoma simplex; if added to these we find inflammatory changes, we have glaucoma inflammatorium. This again should be divided in acute, subacute and chronic glaucoma. Although many of the text-books do not divide in the same way, and do not discriminate between these different forms—and in reality the latter are

not always clearly defined, and the same eye may pass through each of these different conditions—it is very useful in practice to keep such differentiation in mind. It will facilitate a diagnosis considerably, lead us to distinguish glaucoma from other eye troubles with greater surety, and it is especially with regard to treatment of great importance to discriminate between these different forms. Furthermore, we can often observe certain stages in the progress of these different forms, as the premonitory stage, which precedes the developed stage, or glaucoma evolutum. This again, after running a longer or shorter course, passes on to the end-stage, or glaucoma absolutum, in which sight is completely destroyed and with which degenerative processes are connected.

To recognize the premonitory stage is of very great importance, and one of the responsible duties of the family physician. It lies mostly with him, either to ward off the threatening symptoms or, through oversight, to let the disease fully establish itself, when even the best of treatment may not be so successful or perhaps fruitless. I will therefore endeavor to lay special stress on this premonitory stage, which, according to von Graefe, can be observed in about three-fourths of all cases. It is manifested by circumscribed attacks of more or less intensity and duration, the intervals of remission becoming shorter and shorter; but it may last months and years before the glaucomatous state is fully established. These attacks occur mostly after certain irregularities committed by the patient, and often well known to him, as after very heavy or again neglected meals, after nervous excitement or a severe strain on the eyes. During the attack we may distinguish the following symptoms:

1. Obscurations of sight. The patient often comes with the complaint of seeing everything as if through a fog. Sometimes parts of the visual field are extinguished temporarily and central vision is more or less diminished. But constantly occurring variations in this symptom form a marked feature of the disease, and allow us to distinguish

it from incipient unclear cataract, disease of the optic nerve and syphilitic retinitis.

2. Rainbow-colored rings which the patient sees around artificial lights. The ring is separated from the flame by a darker interspace, and shows a considerable intensity of colors. Pale-colored rings are sometimes seen by normal eyes, and if the rings are close to the flame they are not of glaucomatous origin but due to mucous on the cornea or anomalies of refraction.

3. Ciliary neuralgia radiating from the eye to the forehead, cheek and temple. But often this symptom is not present. Objectively, the attack manifests itself by:

4. Increased tension of the eyeball. In making the examination it is, according to my opinion, best to let the patient sit down, and then standing behind him let his head rest on your breast. He is told to gently close his eyelids and to look steadily down. Then the observer makes from behind light pressure on the globe through the upper lid, alternately with the index finger of each hand, as in trying for fluctuation, but more delicately. The fingertips are placed near together and as far back over the sclerotic as possible. The gentle pressure must be directed downwards, not backwards against the elastic retrobulbar fat cushion. The more this is practiced in the same way and with the same fingers the more surety of touch, even in slight increase of tension, will be acquired.

The text-books and most authorities let both patient and observer take a standing position, and think it best for both to face one another (see Nettleship's 'Diseases of the Eye,' and others). Now, it is a fact that most people suffering with eye trouble, and especially the timid and nervous, will try to evade the doctor's examining fingers, and if the patient makes ever so slight a movement backwards you will, without a great deal of experience and practice, not be able (except in marked cases) to decide whether or not tension is increased. If you lean his head against the wall or any other stationary object he will be liable, feeling resistance from behind, to make an evasive

movement forward or to one side, and while not enhancing the surety of your examination you may cause more pain than necessary; whereas, if the patient's head is resting against your breast you can feel every movement he is inclined to make. You can adapt yourself by slight motions in the same direction, and in resting your hands on his brow you will have a better hold, and will be able to give a more accurate decision with greater ease. You should always compare the tension of the two eyes and be sure that during examination the eye does not roll upwards. Several instruments or tonometers have been proposed for the measurement of ocular tension, but so far none has been found to give as much satisfaction as the simple finger test. Normal tension is expressed by T.n. The degrees of increase and decrease are indicated by the + or — sign, followed by the figure 1, 2 or 3. Thus T+1 means decided increase, T+2 greater increase, but sclerotic can still be indented; T+3, eye very hard, cannot be indented, feels like a marble. We must remember, finally, that there are physiological variations in the tension of normal eyes.

5. Dilation of the pupil, or mydriasis, and less active reaction to light. This, however, is a symptom that does not always appear during the premonitory stage.

6. Slight haziness of the humor aqueous and cornea.

7. Engorgement and broadening of the retinal veins can sometimes be observed, as also venal pulsation, although the latter may be physiological.

8. Rapid increase of presbyopia, shown by the need for a frequent change of spectacles, is a common sign, though often overlooked.

The premonitory stage passes over into fully established glaucoma when the above-named symptoms show no remission and are combined with continual decrease of vision.

I will now pass on to the different forms of glaucoma, and give a short description of their chief characteristic symptoms.

## I. GLAUCOMA SIMPLEX.

On inspection, the eye has mostly a normal appearance without showing a single inflammatory symptom. The anterior chamber is sometimes slightly shallow, but as a rule the pupil is dilated only after a considerable loss of vision, and an increase of tension is not always perceptible. The chief symptom is a gradual decrease of vision combined with a cupping of the optic disc seen with the ophthalmoscope. This generally goes hand in hand, but I remember having seen a case, where there had been complete cupping of the disc for two years with normal vision. Glaucomatous cupping should be clearly distinguished from physiological excavation, which is sometimes quite extensive at the site of the lamina cribrosa, but only reaches to about half way between the centre and the edge of the disc. Besides, physiological excavation is only gradual and mostly quite shallow, whereas glaucomatous excavation extends over the whole surface of the disc, and its sides are quite steep even when the cup is shallow. When the latter is deep it has an overhanging edge. With the ophthalmoscope this cupping is shown by a sudden bending of the blood-vessels just within the border of the disc, where they look darker because foreshortened; if the cup be deep, they may disappear beneath its edge to reappear on its floor, where they have a lighter shade. The vessels seldom all bend with equal abruptness, some parts of the disc being more deeply hollowed than others. Another symptom that may be seen with the ophthalmoscope is a spontaneous pulsation of the arteries, which however, is rather rare in fresh cases. If it does occur, it is a sure sign of glaucoma, as it is hardly ever observed normally. In all developed cases of glaucoma we find, as a rule, a contraction of the field of vision. The temporal part of the field (nasal part of the retina) retains its function longest, and in advanced cases the patient will often show this by his manner of statements. As a rule, then, a person afflicted with glaucoma simplex will seek medical aid only on account of defective vision, and sometimes we

may find one eye almost entirely blind. As the lens often becomes hazy or partially opaque and of a greenish or grayish hue, these cases are sometimes mistaken for senile cataract. An accurate diagnosis can only be made by means of the ophthalmoscope. Some cases of glaucoma simplex, however, are subject to intermittent inflammatory attacks and may even pass over into regular inflammatory glaucoma.

## II. GLAUCOMA INFLAMMATORIUM.

When the disease sets in at once with inflammatory symptoms, we have acute, subacute and chronic glaucoma. Acute glaucoma is characterized by suddenness of onset, rapidity of loss of sight and severity of congestion and pain. It has the aspect of an acute ophthalmia and may be mistaken for the latter. The lids are slightly swollen, the conjunctiva is injected and sometimes œdematous; there is constant epiphora and photophobia. The cornea is very steamy; we often can find little abrasions of epithelium, and there is mostly partial anæsthesia of the cornea. The anterior chamber is very shallow and the humor aqueous misty. The pupil is considerably dilated, sometimes *ad maximum*, which is the most important symptom, as no other inflammatory disease of the eye shows so great a mydriasis. All the media, even the vitreous, are too hazy to allow an ophthalmoscopic examination. The tension is  $+ 2$  or  $+ 3$ . Sight will fall in a day or two down to the power of only counting figures or to mere perception of light, and after a week or two even this is abolished. The pain is very severe in the eye, temple, back of the head and down the nose, and not unfrequently is it so bad as to cause vomiting. Many a case has been mistaken for a "bilious attack" with a "cold in the eye;" "for neuralgia in the head," or "rheumatic ophthalmia."

Subacute glaucoma is manifested by the same symptoms as the acute form, only they are much milder and mostly of a remittent character. The lids are not swollen, the conjunctiva only slightly injected, but we find here a dusky reticulated congestion of the episcleral vessels.

The pain in the eye, side of head or nose, decrease of vision and increase of tension, steamininess of the cornea, enlarged and sluggish pupil and shallowness of anterior chamber are all marked, but less so than in acute cases. Mostly, even, without therapeutic interference, the first subacute attack passes off and the eye may have an almost normal appearance, although vision never returns to the normal and tension remains increased. Then it may be possible to examine the fundus with the ophthalmoscope, and we find an hyperæmic disc, engorged veins and sometimes pulsation of the arteries. An excavation, however, is generally not found at this stage. But the disease is only slumbering, and if left to itself will surely awaken with greater severity a few days or weeks later. New and more chronic attacks bring on an excavation of the optic disc, and after a few weeks or months end in complete blindness.

Chronic inflammatory glaucoma shows the same above-named symptoms, but they come on slowly and develop gradually without a very marked degree of inflammation. In the conjunctiva we find only a few injected blood-vessels, but characteristic is the engorgement of the large perforating vessels at a little distance from the cornea (anterior ciliary blood-vessels). The sclerotic has a more lead-colored appearance and the cornea is less transparent than usual, often showing epithelial abrasions; the humor aqueous is periodically hazy and the anterior chamber shallow. The pupil, in the beginning of middling size, becomes gradually more and more dilated and the iris loses its brightness, passing over into an atrophied condition. The media are sufficiently clear to allow a thorough ophthalmoscopic examination, which reveals the gradual development of an excavation, leading finally to atrophy of the optic nerve. The tension is increased from the start. The patient's complaints are similar to those made in glaucoma simplex, but to them are added a slight irritation of the amblyopic eye and at intervals obscurations and neuralgic pains.

After thus enumerating the different symptoms, it would

now be of interest to study the mechanism and pathological anatomy of glaucoma. But to give a detailed description would lead me too far, and, as opinions differ considerably as yet, it would be out of the range of this paper to dwell upon even the most plausible theories. Suffice it to say, that the increased tension is due to excess of fluid in the eyeball. Increased secretion and internal vascular congestion play an important part in certain cases, but impeded escape is probably the chief cause of this excess. Both conditions would have most effect when the sclerotic is most unyielding, as in old age and in hypermetropic eyes. Recent research has proved that changes are present in nearly all glaucomatous eyes, which must lessen or prevent the normal outflow. Especially do we find the angle between the periphery of the iris and the cornea nearly always closed, so preventing the escape of fluid from the anterior chamber into the lymphatics and veins of the sclerotic, which normally takes place through the meshes of the ligamentum pectinatum (Fontana's spaces) at the site of this angle. Vascular engorgement of the eyes as brought about by digestive disturbances, gout or neuralgia, by a period of overwork or want of sleep, in fact, excesses of all kinds is predisposing to glaucoma. The same result is brought on by the overuse of presbyopic eyes without suitable glasses, or a blow, or prolonged ophthalmoscopic examination. Atropine or duboisine have sometimes caused an attack, because by lessening the width they increase the thickness of the iris and so crowd it into the angle of the anterior chamber. Statistics show that glaucoma forms about three-fourths per cent. of all the cases seen in eye clinics, and of these nearly four-fifths occur after the age of forty. In the majority of cases the glaucomatous process affects both eyes, one after the other. Glaucoma as a whole is rather commoner in men than in women, but of acute cases a large majority are in women, whilst the greater number of the chronic and subacute cases occur in men.

*Treatment.* Generally speaking, the inflammatory forms

yield more readily to treatment than glaucoma simplex, and the earlier proper treatment is commenced and carefully followed up, especially in the beginning stages when vision is yet comparatively good and the excavated disc does not show decided atrophy, the better will be the results. The very first thing to do in all cases where there is the slightest suspicion of glaucoma, and where iritis and iridocyclitis can be surely excluded, is to instill a solution of eserine into the afflicted eye. If it should cause irritation, pilocarpine is a good substitute, although not as effective. Eserine, the alkaloid of the Calabar bean, and pilocarpine, the alkaloid of the jaborandi leaf, used locally, have the property of diminishing ocular tension by contracting the pupil and drawing the iris away from the angle of the anterior chamber. One-half a grain of the sulphate of eserine to the ounce of distilled water should be used once, twice or oftener in the day, according to the case and the way it acts. You will find that after the eserine solution has been standing a short while it will, from a clear watery solution, turn first pink and then red. This is due to the gradual development of certain fungi, and to prevent it have your druggist add corrosive sublimate in the strength of 1-5,000 to the solution. I have all my alkaloid solutions which are dropped in the eye by myself, or prescribed to my patients, done up in this way, the sublimate being one of the best antiseptics and anti-ferments. But there are a few cases which do not stand the eserine very well, irritation and increased pain setting in, and then we should try a solution of the hydrochlorate of pilocarpine, one ounce, one and a half grains to the ounce. Many attacks are warded off during the premonitory stage by the use of eserine, and not a few of the acute cases have been permanently cured. I once had a case of acute glaucoma where the eye only saw fingers at four feet, and which, by the use of eserine, returned to normal vision in ten days and remained cured. Although this is exceptional, eserine is mostly of great temporary value, decreasing tension and pain and improving vision,

and should be given in all cases. Even if you are in doubt about the diagnosis, try it in preference to anything else, as it can do no harm and may do a great deal of good. But beware, especially, of using indiscriminately cocaine, atropine or a solution of atropine and sulphate of zinc in all inflammatory eye troubles, or for the sake of facilitating examination, as is so often done. In all acute inflammations an astringent only increases the pain, while cocaine and atropine decidedly increase the ocular tension, so that many an eye has been destroyed by their use. Allow me to illustrate this by two cases. Three years ago, while at the dispensary in New York, a patient came to me with intense pain in the eye, a pupil dilated *ad maximum*, tension +3, and almost complete loss of vision. He said he had seen a doctor, who had put some drops in his eye, but it had grown considerably worse ever since. The drops were no doubt atropine, and neither eserine nor operation could prevent complete loss of the eye. Not long ago I saw a patient in one of the neighboring towns, who had an inflamed eye with dilated pupil, T+1, and vision  $\frac{15}{100}$ . He had been treated by a doctor for a week and brought the bottle of medicine he was using twice a day with him. On it stood the R. for a weak solution of atropine and sulf. of zinc. After using eserine three to four times a day the eye improved at once, was entirely well after a week's time, and remained so ever since. But we must keep well in mind that eserine is mostly of temporary value only, and the case should be carefully watched and followed up. If in spite of it there is a recurrence of tension, with declining sight and contracting field, an operation must be resorted to. It is the one drawback of eserine, that a patient to whom it has given relief will try to avoid surgical interference, and by using a gradually stronger solution and more frequent instillations, will sometimes defer an operation until even the latter will be of no avail. Therefore be sure and advise the patient that you are giving the drops only for temporary relief, and if the eye should grow worse after a

certain time he would have to submit to an operation to prevent total blindness.

Our great master, von Graefe, was the first one to advise and perform *iridectomy* for glaucoma, in the year 1856, and since then it has grown to be one of the most beneficial operations. From sixty to seventy per cent. of all such cases have been saved, which otherwise would have been doomed to destruction. Iridectomy cures glaucoma by reducing the tension to the normal or nearly normal degree. But to be successful, the incision should lie in the sclerotic, just outside the corneal border, and sufficiently large to allow the removal of about a fifth of the iris. The latter must be removed quite up to its ciliary attachment, which is best done by first cutting one end of the protruding iris, then tearing it from its attachment along the whole extent of the wound, and cutting through the other end separately. Thus only is it possible to sufficiently open up the blocked angle, which, as mentioned above, takes so prominent a part in the formation of glaucoma. Some authorities, however, say that the permanent effect is due to the formation of a "filtration scar," which is more pervious to the eye fluids than the normal sclerotic. As a rule, iridectomy cures all acute and subacute cases, if performed during the first few days, effectively and permanently. It should be made in all such cases so long as some sight still remains, and even if the eye be permanently blind, iridectomy is mostly preferable to enucleation of the globe for the relief of pain. In the chronic inflammatory form at least the progress of the disease can mostly be checked; vision remains for some time stationary, but may then slowly improve, the full effect not being seen for several weeks. In some such cases we can even observe a decrease of the cupping. In very chronic cases, when vision is almost or entirely gone, the rule is less clear, as the effect of operation is far less constant. But as no other treatment is of use, the decision should be left to the patient's judgment, after informing him that an operation is often beneficial and will mostly relieve any

existing pain. In glaucoma simplex satisfactory results are the least sure, and as a rule we can only check the progress of the disease or produce a slight improvement. The more the optic disc is excavated, or even atrophied and the field contracted, the more unfavorable is the progress.

In quite a number of cases iridectomy is even followed by immediate deterioration in sight and advancing pallor of disc, with or without increased tension. But as a rule it may be done in the beginning of the disease, and the iris should be excised quite freely. If the tension, after having been reduced to normal or very slightly + by the first operation, rises definitely, accompanied by a return of other symptoms, a second iridectomy should be made in the opposite direction after the elapse of several weeks. This sometimes brings the disease to a definitive close. I remember having seen a case where an iridectomy had been performed four times upon the same eye, the tension decreasing considerably after each time, but increasing again after several months. After the fourth operation, when almost all the iris had been removed, the eye finally remained cured. If, however, a well-performed iridectomy does not lower the tension in the least, it should *not* be repeated. As the progress of simple glaucoma is often very slow, and the interval often long before the second eye is affected, all circumstances should be duly considered before deciding upon an operation, especially if the patient be old and feeble, as his sight may easily last out his life.

In 1871 Quaglini proposed sclerotomy for glaucoma, and this operation has been largely adopted by some operators within the last few years. It is now performed according to DeWecker's method with Graefe's cataract knife, and consists in a subconjunctival wound in the sclerotic, differing but little in position and extent from that made for iridectomy. The knife passes through the anterior chamber and out through the opposite side of the sclerotic; but, instead of completing the flap, the upper

third is left uncut, which prevents prolapse of the iris. It is sufficient to relieve increased tension, and may cure many cases of glaucoma permanently, but iridectomy will probably remain the better, surer and easier operation for most cases. If a relapse has occurred after iridectomy, then sclerotomy may, in the hands of one well experienced in its performance, be a better procedure for a second operation.

Several other operations, as a puncture at the sclero-corneal junction, or a paracentesis of the anterior chamber, producing an evacuation of the humor aqueous, or myotomia intraocularis (section of the ciliary muscle), have been tried. But they can, at best, only give temporary relief, and only delay the more useful operations, without doing much good.

If, after an operation for glaucoma, recovery has been once well established, and the increase of tension completely relieved, it is very rare indeed for the disease to recur. Eyes once saved usually wear well. But besides operation, a regulation of the whole system is of importance. Tonics should be prescribed, and the diet may, as a rule, be liberal. If there is congestion toward the head, the bowels must be kept active, and in very acute cases the pain can be relieved by leeching, warmth to the eye and hot foot-baths. Quinine, antifebrine, antipyrine and sulfonal also prove to be very useful remedies, especially at the outset of remittent attacks. After the operation, until the eye has become quiet, all causes likely to induce congestion must be strictly avoided, as use of the eyes, stooping or straining, and prolonged ophthalmoscopic examination. We must also be on the alert for the earliest symptoms in the second eye, and it is advisable to use eserine as a prophylactic.

## ADDRESS

Read Before the Alumni Association of the Medical Department of  
Western Reserve University, March 5, 1890.

BY JULIAN HARMON, M.D., WARREN, OHIO.

To a starving man the most loathsome food becomes toothsome, while to a stuffed glutton the most dainty morsel is repugnant. The average working-man relishes the common foods and is nourished by them. As physicians, we belong to the hard-workers, and can discuss the most elaborate *menu* with zest or be satisfied with the cold fragments which a provident house-wife offers us upon some unexpected call. Medical journals give us a large variety of food—short, pithy, practical hints for the frequent emergencies of our work, and elaborate discussions of the principles of medicine and the value of new discoveries, which we can digest during an idle evening or on a railroad ride, or a tedious waiting at the depot for an accommodation which rarely accommodates. We may relieve the fatigue of a foot-sore tramp through the mud of the highway or across the wet fields by cogitating over the latest question of antiseptics, modification of some expert operation, or whether Russian la grippe is American influenza, or whether their victims are oftener killed by antipyrin than by venesection and tartar-emetic. For all such kinds of food, medical men are ever notoriously hungry, and as notoriously have a good digestive capacity.

But to-day we are neither starving nor surfeited. Rather, we are a jolly band of Pilgrims, come again to their Mecca. We've had enough to eat by the way-side, enough of travel to quicken our pulses and flush our cheeks. We salute the high-priests and receive their blessings. We rally one another over the incidents of the journey. Some of us miss the familiar faces of the old priests. We stumble and grope through these new halls; we look in vain for the secret places where we were

sure to find material ; but, like the loyal Frenchman who shouted, "The king is dead ; long live the king," so we cry out, "The old divinities are gone ; their temple is in ruins ; long live the divinities and the temple stand forever."

This being done, we have little need of aught else. But custom requires something of that indeterminate quantity and quality which I am endeavoring to give you. Upon these occasions we like to test the mettle of some younger man who has not been tried in the fires of oratory, or we are curious to see if there is any stuff left in some older one. Possibly we may hope that the experience of forty odd years may enable him to offer a hint of value—a suggestion of some fruitage in the future. He may hint at a bacillus which only needs the necessary culture to develop a myriad of growths to fill the stomachs of the coming generation, or he may disclose an antiseptic which will destroy them all and leave the medical field again free to the eye of careful observation, clinical experience and inductive reason, where Hippocrates placed it some twenty-three hundred years ago.

Consciously or unconsciously, we are fast taking sides or have already fully committed ourselves to the ranks of Koch and his co-workers, or against them. There is a specific germ for every disease and a specific agent for its destruction, or disease is an abnormal condition of function or organ, and itself produces various germs, which may or may not of themselves be capable of reproducing any specific disease. If the germ theory of causation is true, we ought all to be armed with microscopes and busy in the hunt for them. We ought all to have our laboratories and be busy in finding out what will kill the germs. It might be well to note whether the patient or germ is the easier to kill. Still, perhaps one entire generation may be reasonably sacrificed, if thereby future ones may be freed of all animalculæ. Are we, in fact, just grasping the great elixir of life? Brown-Sequard seems to have thought we needed some addi-

tional germs, and that those from a dead pig could possibly restore the working power to tottering old age! Let us not, however, asperse the memory of one who is grand in his old age, and who would even yet work out some new factor in human success. He never dreamed of such gross folly as they were guilty of, who, itching for notoriety till sense and decency forsook them, sought to accomplish in an hour and for years of duration, that which he barely hoped might be accomplished after months of careful experiment, and to last only for a few brief weeks. In the old man who feels the vigor of manhood slowly slipping from him, we may pardon the regretful dream that somehow he may retard a little the inevitable process; but to the man in his prime who, with his petty hypodermic, would, in a moment, dethrone the Almighty, we can only say, Oh, thou fool! In the painstaking work of a Pasteur there is the spark of divine power, but in the crawlings of these others we see only the loathsomeness of the American itch! Right here let us pay due respect to the newspapers who pandered to this loud folly. If good old Luther was forced to throw his inkstand at the devil, I fear it would take hogsheads of ink to smear the faces of editors and reporters! We freely dash our pint-cup at them. They are guilty of aiding and abetting in the commission of a most silly folly and disgusting crime.

. . . . .

At this era of new remedies, when great drug firms employ expert chemists and constantly flood our tables with the results of their work, we need to be independent and cautious. There is no need for us to try on our patients every new thing. We do not need to adopt a harsh foreign name of a disease, when we have a far more significant one of our own. La Grippe suggests, as a journal has it, a skeleton with his hand on his victim's neck. Influenza whispers gently of an influence which pervades us till we are just a little sick. If the temperature rises to 106°, is it wise to cool it down by some big

cooler to the point where heart failure occurs, or where pneumonic complications ensue? Is it certain that the temperature will not soon cool itself? Would our fathers in medicine have bled such cases, or stuffed them with large doses of tartar-emetic? Surely they would not. They would have given half or a whole grain of calomel with a trifle of ipecac and soda, as a laxative. They would have given half or a whole grain of quinine and Dover's powders, perhaps with a little capsicum and aloes or rhubarb every four hours. Sometimes a spoonful of whisky with ammonia would have been ordered. Ninety-nine in a hundred of their patients would have been out on the third, fourth or fifth day, and no relapses. One question more. Did La Grippe sail eastward or westward, and from what point in Russia? How was the fatal kind let loose in one city, and the mild kind in another? Why was the mortality in one city two and a half times above its average, and in its neighbor only half its average? Was the etherial balloon eaten through by the big germs so that they settled down upon the one, while only a few small ones crawled out and worked their way into the other? Shall we not rather tell the truth, and say that one city was dirty, its water foul, its streets stagnant pools? There is where the germs were bred and born, and did their work. They no more came from Russia than the odor of a barn-yard. Gen. Butler said on a time that the yellow fever might go to—anywhere, but not to New Orleans, for he would clean the city. Ships might come and breezes blow from reeking Havana, but no cargo of yellow fever could be unloaded in clean Orleans. The germs died of starvation. Nature does not send cargoes of specific germs around the world to be dumped here and there at random. She simply breeds them where they belong. In a long, hot, wet winter she breeds a peculiar kind all the world over; and if we prepare for it, we can easily endure the onslaught. But if we run as from an approaching armada, and give way to fear, and take too strongly to the coolers, we may get

cold enough. It seems to me a most disgraceful thing that our medical journals have pandered to this craze. They have told us this whole long winter of the great demand for the antipyretics; that the druggists couldn't meet the demands, nor the chemists make enough of it; no warning until very recently at least, against the dangers of their use, and not a word even yet, that they were not needed at all, that simple, rational treatment was effective and safe. A medical editor ought to be a watchman on the towers to warn us of danger; not an alarmist to point us to dangers greater than those we already are in. He ought to help us to use our reason, and to hold fast to what we know to be good, rather than grasp at every new thing, of which we know almost nothing. With the endless remedies which now cumber our dispensaries, it would seem to be better if all new things were first tried on criminals, till their effects were fully established, rather than that any enthusiast should practice on his innocent victims. Certainly in this matter we may well apply the words of the poet, "Drink deep, or taste not the Pierian spring." It is better that we seek to use more skillfully ten old remedies, of which we already know enough to use them rationally, than that we should dabble with ninety new ones, of which we only know that somebody has made them to sell. Is it less than downright insanity to give fifteen grains of antipyrine every hour, that we may reduce the temperature six or eight degrees in as many hours, and then the process go on to heart failure, and lung engorgement, because of blood congelation, when we know that the temperature would fall quite low enough in twenty-four hours without any such artificial and dangerous proofs? I fear that such treatment has gripped more than one victim to an untimely death. Sure I am, that my ounce of antifebrine still remains tight corked. At least 100 cases of the great pandemic have paid no tribute to the venders of coal-tar—or to the undertakers. Youth, middle age, extreme old age, temperate and drunken, nervous and

catarrhal, have all been tided to a rapid convalescence by a very simple plan of rational medication and the use of small doses of well-tried old remedies. I do not deny but that a thousand cases may have done as well under the careful use of the new antipyretics. I only suggest that one in a thousand may have been killed who would not have been by a less heroic treatment.

When the next Dispensatory is published, I would have it contain more of the therapeutics of small doses. Recently a lady, while convalescing from a severe influenza, was attacked with some supraorbital pain and great intolerance of light, from which she had suffered a long time several years ago. Thinking it might be due to rheumatic irritation, I prescribed two 3-gr. pills of salicylic acid to be taken two hours apart. She protested against the size of the pill, but was persuaded to take one. When the time for the second dose came, she flatly refused, saying that "the doctor who prescribed such a pill ought to be sent to the penitentiary." I substituted a wineglass of cider effervescing with 3 grs. of bicarbonate soda, and think that would better grace the pharmacopœia than even a 2-gr. pill of the acid. Nature is plethoric with remedial agents, no one of us need try one in a thousand. We need to use rationally and cautiously the simpler ones, and avoid to the utmost the dangerous and complex routine of the traveling salesman, who would load us three times a year with new stuff sufficient to kill a whole army corps. It seems to me we need to call a halt, and examine carefully where we stand and whither we are drifting. It has taken over two thousand years to attain a reliable, practical knowledge of say one hundred remedies. Let us be content to acquire as valuable a list in the next one hundred years, rather than seek to cram ourselves with a hundred each year. And let us hold to a pathology we understand, and which gives us a rational guide to treatment, rather than grasp at invisible phantoms, which, if caught, give us no clue to their killing which does not involve serious danger to

our patients. Let us remember, too, that passive engorgement of the lungs and resulting heart failure, is the same now as in the days of Hippocrates. Influenza, La Grippe, with pneumonic complication, catarrhal pneumonia and peripneumonia are different names, but the disease is one. "The Tyler Grip" of near fifty years ago was the La Grippe of to-day, and no more died then without the new antipyretics, than die now with them. There is more need of the prohibition of new remedies for one hundred years to come, than there is for the prohibition of the use of alcoholic liquors. The women say these must go. Professors Carpenter, Davis, and others also say they must be discarded from medical practice. Surely there is room for careful study and a conscientious regard for the wants of the sick and the welfare of the people, who, despite our failings, confide in us, and leave their dearest interests to our care and skill.

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EDITED BY A. R. BAKER, M.D., AND S. W. KELLEY, M.D.

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## EDITORIAL.

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### MEETING OF THE ALUMNI ASSOCIATION AND COMMENCEMENT EXERCISES MEDICAL DE- PARTMENT OF WESTERN RESERVE UNI- VERSITY.

About two hundred doctors attended the alumni meeting of the Western Reserve Medical college, which was held in the clinic amphitheatre of the new college building, Wednesday, March 5.

Dr. J. M. Lathrop of Dover, Ohio, the president, occupied the chair, and Dr. John P. Sawyer and Dr. Samuel W. Kelley, both of Cleveland, were at the desks of the recording and corresponding secretaries, respectively. The president delivered his annual address, entitled, "Life and Life Forces."

The following officers were elected for the ensuing year: President, Dr. John McCurdy of Youngstown; vice-president, Dr. Chelius S. Pixley of Elkhart, Indiana;

recording secretary, Dr. John P. Sawyer of Cleveland; corresponding secretary, Dr. Samuel W. Kelley of Cleveland; treasurer, Dr. E. Baxter Lane of Cleveland. No orator was elected.

The roll of classes was called to ascertain how many were represented. The oldest living graduate, Dr. Wheelock, of the class of 1837, was not present, but there were four members of the class of 1847 in the audience—Dr. Jonathan Morris of Ironton, Ohio; Dr. Chamberlain of Toledo, Ohio; Dr. Lafferty of Fairfield, Michigan, and Dr. Woodward of Washington, D. C. There were two “forty-niners,” two from the class of 1851, two from the class of 1855, and a lady from the class of 1856. All of the veterans were applauded, the lady receiving more recognition, however, than the others. There was a doctor from the class of 1861, two from that of 1864 and one who took his degree in 1866. A wag suggested that the small representation of graduates during the sixties was due to the fact that all the doctors were in the war. The classes of '73, '74, '75, '76, '77, '78, '79, '80, '81, '83, '84, '85, '86, '87 and '89 were all represented.

A letter was received from Dr. William Bushnell of Mansfield, aged ninety, who expressed regret at being unable to meet with the alumni, but assured them he was in perfect health. He graduated in '46.

Another alumnus who sent a letter of regret was Dr. I. S. Titus, superintendent of the insane asylum at Phenix, A. T.

We regret that lack of space will not permit us to present all the letters received, but we shall introduce a few of them, where they may meet the eyes of the alumni.

HUNTERTOWN, INDIANA, February 24, 1890.

DEAR DOCTOR—The invitation to be present at the annual meeting of the Alumni Association came duly to hand. On first receiving it I resolved to attend. I am sorry to say I now find I will not be able to give myself that pleasure; but I wish every deserving graduate of the

old college good health, long life, good digestion, pleasant families, boundless friendship, some leisure, and that degree of financial success which will render worry unnecessary, with that degree of reputation which will make us all more proud of our western alma mater, and if possible increase our appreciation of the faculty. Fraternally yours,  
F. GREENWELL.

DAVENPORT, IOWA, February 26, 1890.

S. W. KELLEY, M. D., Corresponding Secretary of the Alumni Association of the Medical Department of Western Reserve University, Cleveland, Ohio:

DEAR SIR—Your invitation of February 1, to the Alumni Association meeting on March 5 next, is duly received. I have for several years tried to do myself the pleasure of attending an alumni meeting of our college, but the duties connected with the college in which I am lecturing have prevented me in so doing, and this year I find no better in this respect. I am in hopes that I shall be able to respond with the emphasis of my presence before many years.

Hoping that this year's meeting may be what you expect, I remain respectfully,  
E. H. HAZEN.

SPRINGDALE, IOWA, February 18, 1890.

DEAR DOCTOR—I find I will be unable to attend the meeting of the alumni this year. Should be happy to do so, but the distance is great and the grippe still lingers. My address, as you will see, is changed from Barnhill, Ohio, to Springdale, Iowa. I know of no Reserve men in this section save your humble servant. Wishing you a pleasant and profitable meeting, and trusting I shall see a report of it in the columns of the GAZETTE, I am fraternally yours,  
GEORGE HERVEY MOTT.

MINNEAPOLIS, MINNESOTA, February 25, 1890.

DEAR DOCTOR—Your kind letter of invitation to attend the "annual meeting of the Alumni Association," March 5, is just received. I regret very much that it is not possible for me to be present. I know of nothing that could give me greater pleasure than to meet, after many years, my old classmates and the teachers that I have never ceased to remember with the kindest feelings.

Hoping that the occasion may be full of pleasure to you all, and that at no distant future I may have the pleasure of meeting with you, I am, very truly yours,

EDWARD S. HART, class of '72 and 3.

COLUMBUS, OHIO, March 3, 1890.

DEAR DOCTOR—In reply to your cordial invitation to be present at the annual meeting of the Alumni Association, received on the 3d ultimo, I desire to say that I have deferred replying thereto up to the present moment because I anticipated the pleasure, the very great pleasure, indeed, of being with you on the 5th proximo, but I regret to say that at this moment I find myself so circumstanced as to render it impossible to be present, however much I desire to be, on that date. If spared, I shall certainly be with you next year. With thanks for your kind remembrance of me, and with the expression of my sincere regard, I remain, my dear Doctor, very truly yours,

J. DUDLEY KEEGAN.

DE LEON SPRINGS, FLORIDA, February 19, 1890.

DEAR DOCTOR—It will be impossible for me to be present at the meeting of the association on the fifth of March next, being too far away, but my best hopes prevail for the good of the old school. Respectfully,

H. H. PULSIPHER.

HICKSVILLE, OHIO, February 20, 1890.

DEAR DOCTOR—Your kind invitation to attend the alumni meeting, March 5, 1890, at hand. Nothing would give me more pleasure than to meet you on that occasion, but on account of very important professional duties I think it impossible for me to be there.

As a member of the association I wish you all God-speed. Kindly remember me to all the members of the faculty. Am glad to tell you that I am having more than expected success in my practice here in Hicksville.

Again, many thanks to you, the members of Medical Department of Western Reserve University. Never shall I forget the kindness the faculty showed me while in Cleveland. Would like to meet you all. Yours fraternally,

CLARENCE E. STEWART.

GREEN SPRINGS, OHIO, February 25, 1890.

DEAR DOCTOR—Write you as I fear that I will not be able to meet with you this year at the annual meeting of our association, because of the close attention that is required here. Fraternally yours, W. P. MEGRAIL,  
Sanitarium, Green Springs, Ohio.

BROOKLYN, NEW YORK, March 1, 1890.

DEAR DOCTOR—I received your invitation for annual meeting of association. Should take great pleasure in attending if it were possible, but it is not. With best wishes I remain, yours very truly, FRANK LITTLE.

FREDERICKTOWN, OHIO, February 22, 1890.

DEAR DOCTOR—I find that it will not be possible for me to be at the annual meeting of our Alumni Association, March 5, because of duties due the sick at this season of the year.

I am sure these reunions are not appreciated as much as they should be in many senses, but especially that they bind more firmly the ties of friendship and regard formed in the past. This alone, I am persuaded,

“ Gives back the joys of youth,  
Warm as the life, and with the mirror's truth.”

Yours,

W. W. PENNELL.

U. S. MARINE HOSPITAL, *District of the Gulf*, }  
PORT OF KEY WEST, FLORIDA,  
Surgeon's Office, March 5, 1890. }

S. W. KELLEY, M.D., Cleveland, Ohio :

DEAR DOCTOR—Your circular of February 1, inviting me to a P. M. to-day, reaches me this morning. I will be with you in spirit, wishing comfort and success to all and hoping for continued progress to the M.D.'s of W. R. University.

Living at the very edge of civilization, I know little of C. M. C. graduates. Although well and always on duty, it is not likely that your cold weather will ever permit me to meet with the Alumni Association. But I wish you well all the same. Yours sincerely,

R. D. MURRAY, 1868.

Dr. Julian Harmon of Warren, Ohio, the orator of the day, was unavoidably absent, owing to death of a near friend. His address was forwarded to the secretary, and by vote of the association, ordered printed in the CLEVELAND MEDICAL GAZETTE. (See page 224.)

REPORT OF COMMITTEE ON MONUMENT TO DRS. DELAMATER AND ACKLEY.

Dr. Sherman, chairman, said: Two years ago a resolution was adopted and a committee appointed to secure

funds to erect a monument to the memory of Dr. Delamater and Dr. Ackley. An effort was made and a circular sent to the members, but very few responded. The treasurer says there is about \$40 in his hands, sent by those living at a distance from the city, with the request that if the money should not be used for this purpose that it be returned. Last year we made a report, and endeavored to push the matter, but for some reason some of the members discouraged it, and we have not done much since. The committee asks to be discharged from any further effort in that direction. I think it is a disgrace to the profession that we allow two such grand and eminent men as Dr. Delamater and Dr. Ackley that their graves should not be marked by anything whatever, not even a plank or slab. We all know of their capabilities and that two more eminent men and earnest workers never lived, and I don't believe they should ever be forgotten; certainly they will not be by those who listened to their excellent teaching and knew their character. The committee asks to be excused.

Dr. D. B. Smith—I don't want to excuse the committee. I think it would be a great deal better to pass around the hat, and, if we do not get enough, put what we get in a savings bank until we get more, and it will not be long until we get some kind of a monument. I believe that they were pioneers in their profession, and I think we could all give a little and not feel it. I would suggest that the Chair appoint a couple to pass around the hat, and then put the money in a savings bank and it will draw some interest.

Dr. Woodard, District of Columbia—I have noted that the American Medical Association has appointed a committee and tried to raise a fund for the erection of a monument to Dr. Rush. I have been their treasurer for some time, and we get discouraged. There has been about \$1,500 raised for this purpose.

It seems to me that if at each of these meetings each member call out what he is willing to pay, and do that

from year to year, it will soon be found that we will have a fund sufficient to erect a monument to these distinguished men.

Dr. Sherman and Dr. Marshall were appointed to pass around the hat.

Someone inquires what is the estimated cost of the monument and how many alumni there are, and suggested that, if everyone would give a dollar, there would be enough raised.

Another—Estimate the monument by the money, not the money by the monument.

Dr. Kelley, in answer to that question—We are now in correspondence with 1,381 members. Two years ago a circular letter was sent to every member whose address we had. At that time there were about one thousand. Since that they have all had an opportunity to contribute.

According to the estimate of the man who made this design exhibited here, the monument could cost from \$700 upward, according to size.

Last year the people were given an opportunity to contribute, and for the past two years members have been solicited to contribute. In getting out the circulars, for postage, etc., I was out about \$14, and will contribute that much to start the fund to-day.

Dr. Morris of Ironton suggested that those willing to contribute announce amount they will contribute, and their names and the amount be recorded. He would give \$10.

Dr. Sherman—Dr. Thayer thought at that time that the monument would not cost over ten or twelve hundred dollars. Dr. Delamater was a very modest man, and if he were to have his say he would not have a monument costing over \$500. The understanding is these two men were to be buried in same lot. Let us have the monument if we cannot raise even more than \$200.

Dr. Corlett—It seems to me that as these men were so well known, and so many outside are anxious to contribute for a monument to the memory of these men, we ought

to let nothing interfere with their contributing. These men were well known to the people of Cleveland, and many would like to contribute, and it seems to me, therefore, advisable to allow subscriptions to come from any source. Although a simple slab might be well enough, with the number of members here to-day, we should raise enough for a monument that would not only be in keeping with the lives of these men, but creditable to the city itself. The monument should be put in some public place and be attractive as well as in keeping their memories green. We should not be in a hurry to put up a simple slab, but should endeavor to do something better. Cleveland should have something better.

I would move that the committee be authorized to receive funds from whatsoever source they can, and that a monument be erected in some public place in the city in keeping with the lives of these men and as may be determined later on.

Dr. Chamberlin of Toledo, Ohio—I would say that you can count on the fingers of one hand all the men here who ever listened to their lectures, and the younger men only know of them by reputation. I think it very foolish to be so afraid of receiving the money from the rich men of Cleveland to put up a suitable monument that would give credit to the city. These men were known all over the world, and have been an honor and a credit to the profession and a credit to the city of Cleveland.

If the gentlemen named will pass the hat and take up what the members will contribute, and then go to the men of Cleveland and say to them that the Doctors of Ohio have subscribed so much, and are not very able, and now we want your subscriptions to help put up the monument. There is no disgrace in doing it in this way. These men lie buried here in your soil, and the citizens of Cleveland ought to put up the monument. I hope this motion will prevail. I will put down \$10. Don't ask for any special amount, but let each member put down what he wants.

Dr. Kelley—I want to see that hat going 'round. Let us do something for a while and talk afterward.

(The hat started around.)

Suggested that Dr. Baker insert the notice in the *GAZETTE* for subscriptions where it would come before the eyes of the profession.

Dr. Corlett thinks that personal solicitation would be the only way.

Dr. Sherman—I feel disposed to spend a week with the liberal men of Cleveland in making their acquaintance.

Amount raised by passing the hat, cash, \$52.25 ; subscribed, \$10 ; total, \$62.25.

The committee was continued with the addition of Drs. D. B. Smith and G. C. Ashmun. Dr. Proctor Thayer is treasurer of the committee, to whom money may be sent, or to any member of the committee. It was suggested that the hat be passed around at the various local medical societies.

#### COMMENCEMENT EXERCISES

Were held in the college amphitheater. Rev. H. C. Haydn, D. D., the president of the university, presided, and on either side of him were arranged the faculty and trustees, among them being Gen. R. B. Hayes, E. B. Perkins and the Hon. George H. Ely.

Dr. B. B. Loughhead of Ravenna, of the class of '77, delivered the first address to the graduates. His subject was "The Effect Which Certain Recent Discoveries Concerning the Causes of Disease have had upon the Practice of Medicine." (See page 205.)

Dr. Weber, Dean, was unable to be present and requested Dr. D. B. Smith to fill his place, who said :

It gives us pleasure to see so many of our friends present to-night. It shows a goodly interest, and that your interests and hearts are with us.

We meet to-night to celebrate more than our fiftieth anniversary. The young gentlemen who present themselves for graduation to-night are those who have taken

the full three-years' course. Last year the faculty determined, with the approval of the board of trustees, that the course of study should be divided into three regular years instead of two, as heretofore, and that all who came up for graduation at this commencement would have had to study three years, and this is the first graduating class since.

If it was not that there are so many of the gentlemen here from previous graduating classes, I should be happy to say that this is the finest and best-looking and best behaved of the graduating classes.

During the past year all the departments of the college have been, as we think, materially improved. We are indebted to our friends for the erection of this fine building, for the furnishing of the physiological laboratory, and for the money which carries on our dispensary, where the poor are treated daily by the various members of the dispensary staff, so that any person suffering may find a physician ready to care for their particular ailment. We have also especially to be thankful to Mr. John Huntington for a part of the large charity fund, our share of which has been \$600, which we have lately received, and we desire to-night to extend our grateful thanks for the same. Other donations are promised, and we feel that in the course of a very few years we will be able to present to those who come to us for instruction as thorough and complete instruction as we could wish. And to Messrs. Wood, Hurlburt, Huntington, Himes, Vincent and others we express our very great regard for their kindness in giving us the money for equipping this building. Also for a gift of \$500 presented during the last year by one of the trustees, Mr. Samuel Mather.

Dr. Smith then presented the class to Dr. Haydn, with the following remarks:

I have the honor, on behalf of the medical faculty, to present to you these young gentlemen, who await their diplomas at your hands.

They have been thorough and faithful students. They

have passed their full term to our entire satisfaction. They have been studious and respectful. They have passed the hardest examination in the history of the college, and have acquitted themselves from this examination creditably to themselves and to us. There now remains for them only the honor which you have of presenting to them their degree.

## REMARKS OF REV. H. C. HAYDN, D. D.

I am glad to meet this class to-night. While I do not propose to make an address, I would like to say just a few words for myself. It is said that a very large per cent. of those who graduate are as good as lost to the medical profession, and I suppose it to be equally true of the legal and ministerial professions, that many of those who become equipped, as they suppose, fall out in the course of a very few years. Why is this? I think it worth our while to look at this matter at the very threshold. There must be some very good reason. While we would not for a moment assume to forecast which of these young men are to leave the ranks, and while we may hope that not one of them may fall out, then if they do not fall out why may it be so? If you severally are deeply enthusiastic in your vocation, that will be one reason.

I do not suppose it is necessary for us to suppose that our calling is the supreme calling, but we must have a profound esteem for our vocation. In that vocation, if in anything, we are to achieve our grandest success, of which we are proud—in which we are to make ourselves useful, but we must have that measure of enthusiasm that will carry us on if we are to make it a success. If not, it is the best thing to fall out just now; but I am sure you have found it a very plain fact.

Another thing: It is just as certain as can be, after listening to the very fascinating address of Dr. Loughhead, the man who succeeds must be enthusiastic. If he does not succeed, he is certain to be left behind. Of all the professions there is none whatsoever has made such

progress as medicine. Although I am not in the medical profession, I do endeavor in a general way to keep the run of it and am deeply interested. One of the reasons why men fall out is that they are not students. Now, if you have learned to investigate for yourselves, then I am certain you have got one of the grand elements of success. Whether you carry away a great stock of knowledge or not, if you have learned how to apply it and how to investigate for yourselves, you have the grand equipment for a successful medical career. I think it exceedingly needful that in any profession whatsoever it is essential that we have the gift of continuance. We do not come at the great things of learning in life at a leap. We come at them by slow, steady, systematic application. It is a great thing for a man to have the gift of continuance in his calling, so that, though he may not reach the thing just now, he may master it by unwearied persistence, as some of the great lights in medical science, who have pursued their investigation day and night, to be held in loving remembrance for their advancement of science for the benefit of mankind, and commanding the highest esteem of all their medical brethren.

Now, young gentlemen, if you are thoroughly satisfied with your vocation, if you have already become really students and have the gift of continuance therein, we shall certainly hear from some of you in the course of a few years or several years, and from those from whom we do not hear it will certainly be true that your names will be held in the highest esteem for the great good you will do in the community in which you will labor. I, therefore, wish you all God-speed.

The degree of doctor of medicine was then conferred upon the following gentlemen:

Leigh K. Baker, A. B.; Lysander Black, Henry Blankenhorn, Edwin Alonzo Clark, A. B.; Elmer D. Clark, Frank S. Clark, A. B.; Marcus Dennerle, Karl W. Doege, William John Emery, Ph. B.; Myron J. Ewing, M. S.; J. Morris Fry, Josiah S. Hedges, Samuel E. Kaestlen,

John T. Kepke, Albert A. Kohler, A. B.; Clarence A. Milner, Charles Campbell Moffett, James Henry McCartney, Jacob C. McCormick, Milton J. Parke, A. B.; Jesse P. Penberthy, George F. Poole, Charles Louis Reason, Hiram B. Russell, Loren Alonzo Sadler, A. B.; Frederick W. Schneider, Matthew A. Schweeters, Alexander O. Spence, A. M.; Philip Marsden Thomas, Isaac V. Wirebaugh.

#### THE BANQUET.

At the banquet 150 plates were laid and an equal number of guests enjoyed the rare and excellent menu that had been prepared by the Forest City *chef*. After the gastronomic demands had been met and satisfied, in default of toasts and responses there was some impromptu speech-making, Prof. Smith of the faculty acting as symposiarch.

Drs. Jonathan Morris of Ironton, Chamberlin of Toledo, H. W. Brooke of Ellsworth, being the oldest graduates at the feast, made some very happy and appropriate remarks, interwoven with reminiscences of the old Cleveland college, which stood on the site of the grand structure that has risen out of its ruins. Dr. B. B. Loughhead was requested to say a few words, but declined on the grounds that he had already done talking enough. The Hon. George H. Ely, one of the trustees, gave the graduates a bit of wholesome advice about how they must proceed to get on in the world. He said society demands more of young men than it did in his generation, when he graduated from Williams college. He referred to Cleveland's religious, educational and social institutions, which were the foundation of the city's fame. He felt sure that in five years it will have a population of from 500,000 to 700,000 and be the metropolis of the state. He said he had a conversation with the celebrated Dr. Hamilton of Washington, at the head of the corps of marine surgeons of the United States, at Washington, not long since, and he said that the Cleveland medical college, which he had visited, was by far the best institution of the kind in the United States, its appointments and equipments being matchless.

Professor John H. Lowman, of the faculty, was the last speaker. He described the manner of teaching in the college, and said the aim was to have the instruction partake as much as possible of object lessons. By this means, and access to the dispensary, where from fifty to seventy-five indigent patients are prescribed for and treated daily, the student was brought into personal contact with all kinds of cases, thus acquiring practical knowledge. He felt confident that the graduates of the next five years will do much to aid the institution by the good showing they will make as the consequence of improved modern methods of instruction. He estimated the alumni at 2,500, with more than 1,300 of whom the secretary is in correspondence, and encouraged the observance of the custom of annual meetings.

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#### THE NEW CITY HOSPITAL.

We take pleasure in reprinting the following article from a recent issue of the *Sun and Voice*. We are pleased to note that the lay press is calling public attention to the travesty on medical service which is being rendered to the inmates of this hospital.

There are numerous criticisms on the management of the new City hospital. These refer particularly to the medical attendance. The physicians of the city should know what is best needed in this department; the physicians of this city are the men who do the criticizing. The new City hospital is a fine building. It cost almost one hundred thousand dollars, and is supposed to be close to perfection in all its appointments. It will accommodate almost as many patients as all the other hospitals in the city combined. Its daily average of patients is considerably above one hundred. To attend to the medical wants of this community of sufferers, one physician does what he can. For doing this he is paid \$1,200 a year. The other hospitals of the city have large staffs of visiting and consulting physicians and surgeons, from a dozen to fifteen skilled medical men at each. The City

hospital, with more than twice as many patients as any other *Hotel Dieu* in the city, has but one physician, evidently an entirely inadequate force at an inadequate salary. This, at least, is the opinion of the city physicians generally, and it is this which arouses their criticisms.

To show that the office of the City hospital physician is far from being a sinecure, the following figures are taken from the annual report of the Infirmary department for 1889:

## HOSPITAL DEPARTMENT.

|   | Males. | Females. | Total. |
|---|--------|----------|--------|
| Number remaining December 31, 1888..... | 67     | 42       | 109    |
| Number admitted during year.....        | 255    | 122      | 377    |
| Number born during year.....            | 15     | 14       | 29     |
| Total.....                              | 337    | 178      | 515    |
| Discharged during year.....             | 191    | 115      | 306    |
| Died during year.....                   | 75     | 31       | 106    |
| Total dismissed.....                    | 266    | 146      | 412    |
| Remaining December 31, 1889.....        | 56     | 47       | 103    |

After quoting our editorial on this subject published in the December number of the *GAZETTE*, the editor says:

Inquiries were sent out to a number of physicians asking their views on this matter, and their responses showed great unanimity of opinion. Several of the replies are appended:

To the Editor of the *Sun and Voice*:

In reply to your enquiry whether "the present method of caring for patients at the Infirmary hospital is the most efficient," and if not, how it could be improved, I answer to the first question, no, and among others for the following reasons:

First—Eleemosynary institutions should be kept entirely outside the pale of political changes. This will not be done so long as politicians have opportunities to find salaried positions in them for their personal friends.

Second—The poor when sick or maimed should have the best medical service possible, and the salaries allowed for medical service will not pay for the skill and experience needed. No competent physician can afford to give the time which their needs demand to the number of inmates now in the City hospital, and these numbers will increase with the city's growth.

Third—Physicians specially skilled in particular departments of medicine and surgery are needed in hospitals as well as in private practice. No city has paid, or ever will pay, for such services to the extent needed.

In reply to your second question I answer: Medical and surgical service may be made more efficient here, as in other large cities, by placing the hospital under proper restrictions in charge of teachers in our medical schools. Hospital attendants would then be appointed by competitive examinations and this would secure the best talent for the position of assistants. Under this plan the poor would be better cared for, the city's taxes lessened, the medical schools, and through them the public, benefited.

Is it not right that those who have no other way of compensating the citizens who support them should be required to contribute to the good of common humanity by simply receiving medical and surgical service under proper restrictions in the presence of medical students?

C. F. DUTTON.

To the Editor of the *Sun and Voice*:

The present method of medical and surgical care for the inmates of the City hospital is inadequate, for it is an utter impossibility for one doctor to care for and do justice to one hundred and twenty or more patients, and see them daily, even though he worked twenty hours out of the twenty-four. Medicine and surgery have made such rapid strides of late that one man can not practice both successfully. Divide the work into definite branches, and appoint a staff of eight or ten medical men to have full charge of these various divisions (without compensation), and the City hospital will soon have a reputation second to none in the state, and the unfortunate poor will have no fear to enter there.

WM. H. HUMISTON.

To the Editor of the *Sun and Voice*:

In my opinion, the present method of caring for patients at the Infirmary hospital is not the most efficient. The remedy for this condition is the appointment of a consulting staff of physicians, surgeons and specialists, engaged or wishing to engage in teaching medicine. Such a staff will render the best possible professional service, and the only compensation asked in return for this service will be the privilege of making use of suitable cases for clinical instruction.

ALBERT R. BAKER.

To the Editor of the *Sun and Voice* :

When Cleveland was a suburb of Newburgh, and the seat of medical teaching was located at Willoughby, it was quite proper that Cleveland should have a "Poor House," and that the bodily ills of its inmates should be soothed by a single medical attendant. But the old "Poor House" has changed to meet the demands of a proud city, and we have a "City Hospital." The medical attendance, however—which is the principal thing in a hospital—has not changed.

If I am correctly informed, the hospital board, recognizing the inadequacy of the present arrangement, is willing to provide an efficient medical service for those who are so unfortunate as to become its inmates. This may best be done by the appointment of a medical staff. This staff should be composed of: First, a physician to look after general medical cases. Second, a surgeon. Third, a physician to the insane department, including nervous diseases. Fourth, a physician for skin and venereal diseases. Fifth, a surgeon for diseases of the eye and ear. Sixth, a surgeon to take charge of diseases peculiar to women. The men best fitted for these special departments can be secured by utilizing the clinical material for medical teaching, just as is done in all hospitals, and in no other way. These classes should be open to all students upon paying the hospital fee.

WILLIAM T. CORLETT.

To the Editor of the *Sun and Voice* :

In answer to your inquiry asking my opinion as to the present method of caring for the inmates of the Infirmary hospital, I reply that I believe the medical service there to be inadequate. A medical board of control should be appointed with competent specialists at the head of each necessary department. The services of such physicians and surgeons would be given gratis in connection with clinical instruction.

DAVID S. HANSON.

To the Editor of the *Sun and Voice* :

There is only one practical way in which to obtain the most efficient treatment for the inmates of the hospital, and that is by the appointment of a staff of twelve visiting physicians and surgeons who would give their services free and could arrange so that three of their number in turn would be at the hospital a certain number

of hours daily for one month, at the end of which three others would go on similar duty, to be relieved in same way. Besides this, a staff of twelve visiting physicians and surgeons and perhaps a consulting staff of four or six physicians and surgeons would hold within itself a number of specialists, viz.: Oculists, dermatologists, gynæcologists, etc. This would be a very prominent factor in making the treatment of the patients more efficient.

THEO. A. WEED.

To the Editor of the *Sun and Voice*:

We are no longer a baby town. The Infirmary should no longer be simply a pauper home, but in fact as its name proclaims, a city hospital, where charity bestowed is reciprocated in knowledge attained and disseminated as witnessed in every renowned hospital abroad. These premises correct, what are the requirements and how are they met? Classified, the assemblage of more than 500 people in the City Infirmary would require skilled medical service in the following specialties: (1) General medicine, (2) diseases of nervous system, (3) mechanical and operative surgery, (4) gynæcology and obstetrics, (5) skin diseases, (6) diseases of eye and ear. I have placed these in the order of their importance and frequency of application, according to my memory and judgment.

I don't know whether just now is the best time to make a very radical change, but I answer candidly that I do not think the present system of medical advice is the best that could be devised. An improvement would, I think, be to increase the salary largely, and require the physician to reside in the hospital and give up outside practice, the same as at our insane asylums. But this more expensive change would still leave the question open, "Can any one individual be found with all the qualifications required for the specialties before itemized so as at all times to give the inmates the most thorough and modern treatment?" Decidedly, no. Then two resources would remain: Add a paid counsel staff to the expense, or turn the entire service over to a collegiate staff who shall give free service for the privilege of admitting students for instruction. This I believe to be the correct solution.

If ably conducted, I have no doubt that in a few years the stigma of "almshouse" would be removed. And why should we not in time hope for liberal endowments from our rich men, as has been done in older cities?

I am not unmindful of objections that may be raised on the score of impracticability in the way of organization, but time and a just sense of what is right will overcome them.

B. W. HOLLIDAY.

In addition to sending the letters of inquiry, a number of prominent physicians were interviewed and the consensus of opinion was similar to that expressed by the letters herewith published.

A *Sun and Voice* reporter also called on Superintendent of Infirmary Mellen. He said: "Of course all things are susceptible of improvement, and that includes the Infirmary hospital; but for practical purposes it seems to me that our system of medical treatment is complete."

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## AMONG OUR EXCHANGES.

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Some of our exchanges have for the past few months been discussing the perennial topic of how to keep the family increase from outrunning the family purse without violating the laws of physical or moral decency. There is one method that we have not yet seen mentioned in any of the more modern journals, and which we would commend to the consideration of our contemporaries. It is found in Gautrek's saga.<sup>1</sup> Snotra, the daughter of Skafnörtung, tells King Gauti of Vestr Gautland, whom her father was perforce entertaining against his will, "There is a rock close to our farm called Gillingshamar, and near it a steep rock which we call the family rock; it is so high and steep that anything alive falling down from it is killed. We give it the name family rock because by its help we reduce our family in number when it seems to us that some great wonders happen. All our forefathers died there without any sickness, and then went to Odin; we need not have any burden or sulkingness from our fathers and mothers, for this place of joy has been equally easy for all our kinsmen to get to; we need not live with loss of property, or want of food, or any other wonders or

<sup>1</sup>DuChaillu. The Viking Age. Vol. I., page 423.

portents that may happen." And the next day, when the king had gone on his journey again, Skafnörtung called his family together and said: "A great wonder has happened that this king has come to our farm and eaten up a great deal of property which we least of all wanted to lose. I think we cannot maintain our family on account of poverty, and therefore I have brought together all my property and want to divide the inheritance between my sons. I and my wife and my thrall intend to go to Valhalla. I cannot reward the thrall better for his faithfulness than by taking him with me. Gilling, together with his sister Snotra, shall get my good ox; Fjölmódi and his sister Hjötra shall have my gold-bars; Imsigul and his sister Fjötra all the corn and fields; but I ask you, my children, not to increase your number so that you cannot preserve my inheritance." When Skafnörtung had said what he liked they all went up on Gillingsrock, and they led their father and mother down on the family rock and they went cheerfully and merrily to Odin. Now, when they came home they consulted how to manage; they took wooden pins and pinned the vadmal (a thick woolen cloth) round every one, so that none of them touched the other naked; they thought this the best way of preventing their number increasing. With all our boasted 19th century progress, with all our vaunted fertility of resource, it is to be doubted whether the aspiring modern practitioner who is disposed to complaisantly second the Malthusian aspirations of his anxious clientele will be able to suggest a more reliable and certain method than the old Norse expedient of the judicious combination of the "family rock" and the closely pinned "vadmal."

The place to be occupied by galvanism in the therapeutics of gynecological surgery is still a subject of fierce controversy. It is not at all improbable that experience will fully substantiate the claim made by DR. G. BETTON MASSEY of Philadelphia,<sup>2</sup> to the effect that intra-uterine

<sup>2</sup>Med. News, January 25, 1890.

galvanization is the most satisfactory method yet devised for treating *chronic endometritis*. In the three cases which he cites, from three to four applications of a current of from fifteen to fifty milliampères resulted in complete cure. In cases marked by menorrhagia he uses the positive pole in the uterus; in those marked by copious leucorrhœa only, the negative. While the claims of DR. AUGUSTIN H. GOELET, which we noted last July, as to the utility of galvanizing the cornua of the uterus in promoting the discharge through the uterine canal of accumulations of fluid in the Fallopian tubes, would seem to have much to commend them to the favorable consideration of the profession, in his enthusiasm for Apostoli's method of galvanopuncture in the treatment of hydrosalpynx, pyosalpynx, etc.,<sup>3</sup> it is fair to question whether he have not overestimated the relative importance of the galvanism and underestimated that of the puncture and drainage in effecting the cure. At least his results are no better than those which DR. REUBEN A. VANCE of this city has been for some years obtaining by the puncture and curetting of the cavity and free drainage per vaginum. It may be, however, that it was necessary for some foreigner to hitch a galvanic battery to his trocar in order to convince the average American Anglo, Franco and Allemano-maniac that vaginal puncture and drainage under the new surgery of scrupulous cleanliness are as much safer than under the old as is laparotomy itself, in which case, for the sake of American patients, let us be thankful to Apostoli for re-galvanizing galvanopuncture into life. As to the efficiency of galvanism as a fœticide in *ectopic pregnancy* previous to rupture, the uncertainty of diagnosis throws grave doubts on all the results claimed. The weight of evidence seems to confirm the position of DR. JOSEPH PRICE of Philadelphia,<sup>4</sup> who says: "I believe I am safe in saying that not one-fourth of the cases diagnosticated as ectopic gestation, cured by electricity, have ever been verified; while it is a

<sup>3</sup> Med. News, January 25, 1890.

<sup>4</sup>Journal of the Am. Med. Association, January 25, 1890.

well-known fact that most of all the cases primarily judged ectopic either turn out normal or else are not pregnancies at all. \* \* \* After rupture there is no question as to treatment. Tait's wonderful success has established the rule: Open the abdomen, tie the broad ligament, clean out the peritoneum and drain." But it is about the electrolytic treatment of uterine fibroids that the discussion is mainly centering, and the conclusion of competent observers is drifting toward that held by DR. PAUL F. MUNDÉ of New York city,<sup>5</sup> who finds Apostoli's method of intra-uterine galvanization fairly efficient in controlling hæmorrhage and relieving pain, but negative so far as reducing the size of the tumor, not a single tumor which had come under his notice having been much reduced in size. Galvano-puncture through the vagina he regards as the ideal treatment for uterine fibro-myomata, the four cases in which he had employed it having been absolutely cured; the tumors disappeared entirely, not a single vestige being left. In one case only was there sloughing. The experiments of DR. A. H. BUCKMASTER of Brooklyn, N. Y.,<sup>6</sup> on the non-striated muscular tissue of the dog's heart are of interest in this connection, for they show that the passage of a current of forty milliampères causes fatty degeneration of the muscle cell. The best operators are dropping the complicated antiseptic precautions with which the method was at first encumbered, and depending, as in other surgery, more and more upon simple cleanliness, and the current itself is as efficient a germicide as any of the chemicals wont to be used.

The conclusions of DR. A. LAPTARN SMITH of London, Eng.,<sup>7</sup> on the uses of bipolar faradization of the uterus or vagina are that *subinvolution* due to defective contraction of the uterus may be cured by bipolar intra-uterine faradization, with the current of quantity (the coarse wire coil) used as strong as the patient can bear, and from ten to fifteen minutes at a sitting. The current of tension (the

<sup>5</sup> Med. News, January 25.

<sup>6</sup> Med. News, January 25.

<sup>7</sup> Med. News, January 25.

fine wire coil) he finds especially useful in relieving *ovarian pain* not due to organic disease, abdominal pain due to *hysteria*, *amenorrhœa* in fleshy women, and *vaginismus*, in which latter, of course, the vaginal electrode must be first used. The uterine electrode is shaped like a uterine sound, one pole being at the end and the other an inch or two nearer the handle, so that the current must pass through the uterine tissue in order to complete its circuit. It goes without saying that the current must be gradually increased up to the point of toleration, and gradually shut off before the electrode is removed. As the current is started, the patient usually feels a numbness over a space about the size of a walnut, the space increasing as the current is increased and finally extending to the whole pelvis and including the area of pain. As a treatment not requiring a complicated armamentarium nor necessitating an assistant, it certainly should receive ample trial at the hands of the general profession outside of hospitals. We hope that those of our readers who may try it will not fail to publish their results, whether confirmatory of its value or not.

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## NEW BOOKS.

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'THE INTERNATIONAL MEDICAL ANNUAL, 1889.' A complete work of reference for medical practitioners. Edited by Percy Wilde, M. D.; assisted by a corps of twenty-two distinguished collaborators widely known in Europe and America. E. B. Treat, Publisher, 5 Cooper Union, New York.

Its contents are, first, The Dictionary of New Remedies. With this is incorporated a review of the general Therapeutics of the year and to which is added an Index of Diseases showing at a glance the new remedies which have been recommended in any given disease, and the page upon which the prescription will be found. It forms a very comprehensive and useful survey of the multitude of new remedies that have been recently brought under the notice of the medical profession in Europe and America. The fact that it includes the results of recent experiments with many valuable drugs that have lost the charm of novelty makes the volume more complete as a reference

book ; arranged in dictionary order under the name of the remedy. Second, The Dictionary of New Treatment, comprises a remarkably full *resumé* of the medical literature of the year, giving the new methods of treatment in medicine and surgery which have come to light in all parts of the world and been recommended since the publication of the Dictionary of New Treatment of 1888 ; with original articles, suggestions, and observations by specialists and the editors in charge of the several departments. A veritable *multum in parvo* of information of great value for the dispensing chemist as well as the medical practitioner. Alphabetically arranged under the name of the disease ; each article bearing the name of the contributor. A complete Synopsis of Remedies used in all diseases will be incorporated in this department. Each yearly edition is complete in itself and contains entirely new matter.

'THE PHYSICIAN HIMSELF AND THE THINGS THAT CONCERN HIS REPUTATION AND SUCCESS.' By D. W. Cathell, M.D. Ninth edition, pp. 298. F. A. Davis, Philadelphia. 1889.

This book has been so long before the profession and has gone through so many editions by virtue of the good things that are in it that it does not need an extended review at our hands at this time, suffice it to say that any physician who has not read it will find it well repaying his perusal.

'SPINAL CONCUSSION : SURGICALLY CONSIDERED AS A CAUSE OF SPINAL INJURY, AND NEUROLOGICALLY RESTRICTED TO A CERTAIN SYMPTOM GROUP, FOR WHICH IS SUGGESTED THE DESIGNATION ERICHSEN'S DISEASE, AS ONE FORM OF THE TRAUMATIC NEUROSES.' By S. V. Clevenger, M.D. Philadelphia and London : F. A. Davis, publisher. 1890.

For more than twenty years this subject has occasioned bitter contention in law courts, between physicians as well as attorneys, and in that time no work has appeared that reviewed the entire field judicially until Dr. Clevenger's book was written. It is the outcome of five years' special study and experience in legal circles, clinics, hospital and private practice, in addition to twenty years' labor as a scientific student, writer and teacher.

The literature of Spinal Concussion has been increasing of late to an unwieldy shape for the general student, and Dr. Clevenger has in this work arranged and reviewed all that has been done by observers since the days of Erichsen and those who preceded him.

The different and sometimes antagonistic views of many authors are fully given from the writings of Erichsen, Page, Oppenheim, Erb, Westphal, Abercrombie, Sir Astley Cooper, Boyer, Charcot, Leyden, Rigler, Spitzka, Putman, Knapp, Dana, and many other European and American students of the subject. The small but important work of Oppenheim of the Berlin University is fully translated, and constitutes a chapter of Dr. Clevenger's book, and reference is made wherever discussions occurred in American medico-legal societies. There are abundant illustrations, particularly for electro-diagnosis, and to enable a clear comprehension of the anatomical and pathological relations.

The chapters are: I. Historical Introduction; II. Erichsen on Spinal Concussion; III. Page on Injuries of the Spine and Spinal Cord; IV. Recent Discussions of Spinal Concussion; V. Oppenheim on Traumatic Neuroses; VI. Illustrative Cases from Original and all other sources; VII. Traumatic Insanity; VIII. The Spinal Column. IX. Symptoms; X. Diagnosis; XI. Pathology; XII. Treatment; XIII. Medico-legal Consideration.

Other special features consist in a description of modern methods of diagnosis by electricity, a discussion of the controversy concerning hysteria, and the author's original pathological view that the lesion is one involving the spinal sympathetic nervous system. In this latter respect entirely new ground is taken, and the diversity of opinion concerning the functional and organic nature of the disease is afforded a basis for reconciliation.

'ESSENTIALS OF EXAMINATION OF THE URINE CHEMICAL AND MICROSCOPICAL FOR CLINICAL PURPOSES.' By Lawrence Wolf, M.D. Published by W. B. Saunders, Philadelphia. 1890.

This little work scarcely needs an introduction to those

of our readers who are familiar with 'Saunders' Question Compend.' This, like the preceding volumes, is arranged in the form of questions and answers, and is of great value in the class-room, and will undoubtedly prove serviceable for reference in practice.

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## NOTES AND COMMENTS.

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*A dramatic poem* by Dr. S. Weir Mitchell, entitled "The Masque," was produced at a Philadelphia theatre on March 8, and very favorably received.

*New Veterinary Doctors.*—This year the three schools of France have, in all, graduated 149 veterinary doctors, namely, Alfort 70, Lyons 35, and Toulouse 44. The number is quite insufficient for the needs of civil practice and military service, and it is worthy of remark that in France, as elsewhere, if reports be true, it pays better to be V. S. than M. D.

*Fees to Medical Experts.*—The strike of the Rodez physicians, alluded to in the February number, page 65, having been imitated by doctors in another locality, the Minister of Justice found himself compelled to take some immediate action, pending a parliamentary determination of the matter. Physicians are justly indignant at the grotesque compensation for medical expert services allowed by fatly-salaried law officers, and, thinking these well-fed individuals could very well act more fairly on their own authority, have resolved to stand imposition no longer, and not to wait for the proverbially slow action of parliamentary bodies. This was the proper way to act and the only one to obtain justice from lawyers, who cannot possibly proceed without medical experts in many criminal cases. Consequently, Minister Thévenet has sent a circular letter to all his "procureurs généraux" (district attorneys), directing them to at once confer with the medical associations of their districts as to the proper compensation for expert work. The local associations have in their turn referred the matter to the national association, and, although the medical body rather mistrusts the legal fraternity, it is probable the difficulty will soon be satisfactorily adjusted.—*Paris Corresp. Therap. Gaz.*

*How to Clean Hypodermic Syringes.*—Syringes whose canals have become obstructed so that a fine wire cannot be drawn through, are cleaned by holding them for a moment over a flame; the foreign substance is thus quickly destroyed and driven off. If a wire has been rusted into the needle it should be dipped in oil before holding over the flame. To remove the rust from the interior of the canula, it is well to pass oil through the canula, then heating it; then rinse it out with alcohol. The needle is then ready for use.—*Deutsch Med. Wochenschr*, 1889.

*Query No. 2,174.—Chewing-gum (A. Sch).*—We have an inquiry from a European correspondent which shows that the fame of tutti-frutti and of other admired brands of chewing-gum has not yet penetrated into the innermost recesses of the Continent of Europe, whence it may be inferred that there is still a large territory for the “put-a-nickel-in-the-slot machine” to conquer. For the information of our unsophisticated European friend we will state that “chewing-gum” originally was simply any native balsamic exudation derived from various American trees (usually the spruce), often collected by the “chewers” themselves, but also collected for sale. The habit of chewing gum, originally confined to backwoodsmen, gradually spread, and was distinctly fostered by the enterprise of dealers and manufacturers, who hit upon the idea to make certain artificial mixtures, suitably flavored (with sassafras, wintergreen, lemon, etc.), which would take the place of the rather “wild” tasting native gums, or rather gum resins. The main object of “gum-chewing” is, no doubt, the consolation (!) derived by the chewer from being able to accompany his, or generally her, thought—if there be any—by some exercise or motion.

The composition of modern chewing-gum is usually paraffin, with some balata (gum chicle), exhausted balsam of tolu, and similar ingredients. When such a gum lozenger is chewed, it becomes soft, pliable, plastic, may be rolled and squeezed about by the tongue, and appears to afford to the chewer—to judge from his appearance—the most lively satisfaction.

Our friend should, however, understand that the habit of chewing gum is not considered a sign of good breeding, but is mostly confined to the less refined portion of the community.—*American Druggist*.

*As a contribution* to the investigation of the nature of influenza, "a manufacturer" states in the *Times*, that he has learned from experience that "the influenza attacks principally those whose pay does not cease if they are absent for a day or two."

*Breech Deliveries.*—At a meeting of the Society of the Alumni of Charity Hospital, held on the 11th inst., Dr. Edward L. Partridge showed a specimen illustrating one of the dangers incident to the use of traction breech deliveries—that of separation of the proximal epiphysis of the femur. He urged the necessity of making the labor as slow as possible up to the time of the engagement of the head, and the superiority of expression over traction after that as not interfering with proper flexion of the head. He thought that in the great majority of cases there was no occasion to hasten the labor until the trunk was expelled as far as the umbilicus, but, of course, compression of the funis would call for haste at any stage.—*N. Y. Med. Journal.*

*Duelling of German Students.*—The enlightenment of the German race, particularly of its academical classes, receives another doubtful illustration by the numerous victims the observations of the "code" constantly exacts. The medical students in particular do the most and bloodiest fighting. Those whose exalted calling should be only to heal wounds are foremost in causing them. A few days ago two "mediciner" stood each other face to face on the "paukboden," as a fencing-room is termed in academical language. By an unintentional foul thrust of the rapier (foil), the left shoulder of one of the fencing-parties was pierced down to the bone. The bone itself was fractured, and the arm immediately fell down powerless. The limb, as was later on ascertained, was made useless for life. Possibly the telegraph has informed you of the affair that happened last week at the Freiburg University, where Eduard Salomon, a medical candidate, was killed in a three-pace distance pistol-duel. An American student at Berlin, too, tried his hand at it recently. In this case, however, there was a woman at the bottom of the duel—viz., the boarding-house daughter where the young New York physician and his antagonist resided. The American shot the other party, a German medical student, in the left thigh. The university authorities and the government are solely to blame that this barbarous and mediæval

appendage still flourishes in the German colleges. Of three students you meet Unter den Linden, two, at least, present their imaginary marks of honor on their slashed faces.—*Berlin Corresp. Therap. Gazette.*

*The medical sample evil*, of which Dr. Ashmun justly complains, is akin to another form of offensive, though in one sense less dangerous, advertising which the postoffice department and congress should suppress. If it imperils health and life to distribute samples of nostrums of all kinds, it is a foul offense against decency and a menace to the purity of the young to send so-called medical circulars filled with disgusting descriptions of vile diseases promiscuously through the mails to respectable homes. The persons who thus put matter written for debauchees in the way of pure women and innocent children ought to be hunted down by the United States authorities for criminal misuse of the mails and punished severely. Their business stamps them as human hyenas, and the country would be better off with the whole crew in the penitentiary. The amount of evil which may be done by the distribution of foul circulars and pamphlets justifies the most strenuous efforts to protect the postal service against such defilement.—*Cleveland Leader.*

*The Fourth Annual Commencement* exercises of the Western Pennsylvania Medical College were held in the Grand Opera House, Pittsburgh, on March 27. The degree of M.D. was conferred on twenty-nine graduates, being about 25 per cent. of the class in attendance during the past term. In the evening of the same day the Alumni Association of the college, now numbering 120, was entertained by the faculty at a banquet provided at the Seventh Avenue Hotel.

*We mail* this number of the MEDICAL GAZETTE to each of the alumni of the Medical Department of the Western Reserve University. We would be pleased to put the names of all who are not already taking it upon our subscription list. Send us a dollar and try it for a year.

*The editor of the Medical Record* says: The late catarrhal epidemic has made the young doctors dance with joy, while the older ones wish they had never been born, and the specialists are a little in doubt but expect something later from the wreckage.

*Dr. J. C. Preston.*—At the last meeting of the Cuyahoga County Medical Society the following resolutions were adopted:

Inasmuch as the providence of Almighty God has removed from our midst our late associate and co-laborer, Dr. J. C. Preston, the Cuyahoga County, Ohio, Medical Society desires to record its deep sense of its loss and its earnest appreciation of the conscientious, faithful and Christian character of the deceased, for many years a member of the society, and for a considerable period its treasurer. His conduct was marked by zeal for the interests of the profession, by earnest efforts for its advancement, and by a faithful discharge of all the duties pertaining to his office. Stricken down in our very midst, he died in the harness, as becomes a faithful physician, and his memory will serve to stimulate his associates to an imitation of his example. Therefore, be it

*Resolved*, That this action of the society be recorded upon the minutes, and a copy of the same transmitted by the secretary to the widow of the deceased, and a similar copy be published in the daily papers.

*The Women's and Children's Hospital* has secured funds enough that they feel justified in opening the hospital at once, and are considering the advisability of buying or renting a building for this purpose. The officers of the association for 1890 are: President, Mrs. Darius Cadwell; vice-president, Mrs. Dr. Schwendener; treasurer, Mrs. F. Muhlhauser; English secretary, Mrs. Maurice Weidenthal; German secretary, Mrs. Clara Kershaw; financial secretary, Dr. Jasmine McAlpine.

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— THE —

# Cleveland Medical Gazette.

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## ORIGINAL ARTICLES.

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### LIFE AND LIFE FORCES.\*

BY DR. J. M. LATHROP, DOVER, OHIO.

*Gentlemen of the Alumni Association:*—It is only from the fact that I was absent from your last annual meeting that I occupy my present position. Twice within the last dozen years have you called on me to act as your presiding officer. This is bestowing altogether too much honor and imposing too much responsibility on a single individual, especially when that individual distrusts his own powers as I do. Honorable as the position undoubtedly is, and thankful for the favor as I ought to be, it still seems to me that the office ought to be passed round.

It is becoming that men should, at intervals, survey their field of labor, and ask themselves in all seriousness if it is one worthy to be occupied by rational and responsible beings; and if they find this to be the case, to ask themselves the further question, Are they an honor to the vocation of their choice?

\* Address before the Alumni Association of the Western Reserve University, March 5, 1890.

At the opening exercises of the Cleveland Medical College, just forty years ago last fall, the distinguished professor of surgery of that day made the declaration, that if the system of medicine as then existing could not be improved, it was doubtful whether the structure was worth preserving. That certainly was not a very inspiring sentiment to offer to a class of young men just congregated to prepare themselves for a life-career in the medical profession.

Was that declaration true, then? and if so, would the same declaration be true forty years later in 1890? Without stopping to answer those questions specifically, it may confidently be affirmed that if the system of medicine, taken in its broadest sense and in all its effects and all its bearings, is not worth preserving, then the human race, as we know it, in its best estate is not worth preserving.

The system of medicine is as inseparable from the intelligence, the morality and the advancement of the age generally, as theology, law, or any of those institutions which in their *ensemble* make society what it is. It is one of the indispensable factors of the civilization of the age, so woven into its very fiber that were it to be suddenly eradicated, society would fall into chaos, and man would lapse into that barbarism from which we are told he once emerged, and which is even now but very thinly covered by the veneer of civilization. No evils beset it, but such as are common to all human institutions, and these arise from ignorance and immorality.

Science is said to be nothing else than knowledge of the facts and laws of the universe. Whilst theology and law are essentially conservative, relying largely upon authority and precedent, medicine is essentially progressive, dealing only with the facts and laws of the universe as they are disclosed to the mind of the investigator. The physician is hampered by no creeds, cramped by no limits save those of his own intellectual vision; and it is his privilege, nay, his duty, to cultivate his intellectual vision

so that his field of knowledge may be constantly enlarging. In doing this, he must ever bear in mind that everything with which he has to do is either a fact or a law—that miracles never happen in the laboratory—that supernatural apparitions don't haunt the museum, and he must remember, still further, that the laws of nature are the decrees of the Creator, and that from them there is no appeal.

Someone has said that if the sculptor makes the statue, we may rest quite sure that the statue he makes influences the man who makes it. In making one statue, he gets new visions of form, of proportion and of expression, and these he embodies in the next statue he makes. So if men make institutions, we may rest quite sure that in the same way the institutions they make influence the men who make them, and thus the institutions are constantly being modified and improved. Men have been made in the developing of the system of medicine, and the intellectual and moral forces thus created are held by no exclusive patent-right process, but are gone forth to act as a leaven in society, to elevate its members from the low level of superstition and blind, unreasoning credulity into the bright light of reason and law. This process of leavening society is yet in its incipency. The physician is not yet qualified to do his work perfectly, and society is not in a condition to reap the full benefit. Generations will yet be born and pass away before this leavening process will have been fully accomplished.

But it is to a very short and meagre, though I hope not entirely dim, outline of scientific thought, which, as it seems to me, has been largely the growth of the last forty years, at least in one mind, that I would call your attention for a few moments. This may seem out of place. Well, I feel as though I were out of place myself, and out of time, too, for that matter.

The subject of life and the life forces is one of profound interest to all intelligent, thinking men, but it is, or should be, especially so to the thinking physician. In the scien-

tific" text-books of forty years ago, we have taught that light, heat, electricity, and, by implication, the vital force, were imponderable bodies or agents. The concept we formed of them was that of an extremely subtilized matter, of matter so rarefied as to have no appreciable weight, if indeed it is subject to the laws of ordinary matter at all, but still the concept was that of body. Now we are taught that there is no such body or entity as force. Force, says a late writer on physics, is an action between two bodies, either causing or tending to cause change in their relative rest or motion. It will be observed that, according to this definition, the manifestation of force always involves the presence of two bodies or factors, and that force is never generated by one body alone. The application of this principle will be manifest when we come to speak of vital force.

The chemist tells us that the energy exerted by the sun and rendered latent in each pound of carbon laid away in the growing wood, would be adequate to raise a weight of five thousand tons up a foot. Now there is one misleading and incorrect concept contained in the foregoing declaration, and it is misleading because it is incorrect, viz., that the energy exerted by the sun is rendered latent in the carbon laid away. What the sun's energy does in the case is to decompose the carbonic acid, to break the bonds that hold the carbon and the oxygen in a mutual embrace and set those elements free. The bonds broken are as much the bonds of one element as of the other, and each represents the force expended by the sun in the decomposition of the carbonic acid as much as the other. At the moment of decomposition, the living plant seizes the carbon element and lays it away, and the oxygen feasts away and becomes a part of the atmosphere. This energy is no more latent in the carbon than in the oxygen, and it is latent in neither of itself and alone. Either of these elements in the absence of the other is as absolutely impotent as an amputated arm in empty space. It is only by the act of union of the two elements that

force is generated, and that is just as much the act of one element as the other. The sun has expended a certain amount of heat force in setting them free from each other; that force has disappeared in the act, and whenever they enter into chemical union again, whether it be to-day or a thousand years hence, they will generate exactly the same amount of heat that was expended in their separation. This is the only sense in which either or both of them can be said to be stores of force, or to contain latent energy. Each is a force-generating agent only in its relation to the other. Living matter, which, as you all know, is an extremely complicated affair, is said to be a store of vital force, manifesting itself constantly in vital actions or vital phenomena. But living matter is living matter only in its relation to something else; it is but one term in the dynamic equation of life—one term of a relation; the other term, or at least one factor of the other term, invariably being oxygen. When living matter is cut off from oxygen, it is as powerless of itself to generate vital force and to manifest it, as carbon is to generate heat of itself. When a terminal artery is closed by a thrombus or an embolus, the part which it supplies is cut off from the other term of the relation, and so a slow reaction takes place among its constituent elements, ending in degeneration and death of the part, but no vital force is generated, no vital phenomena exhibited.

And so we conclude that no vital force inheres in living matter as a constant fixed entity, working changes spontaneously; that it is a variable and constantly varying quantity; that it exists only as it is generated by the reaction going on between its elements and some other factor or factors; that it is expended as fast as generated in vital function and disappears.

Every movement we make is but the outcome of the downward transformation of living matter under the influence of oxygen. Every thought we think, every feeling we experience, every emotion that vibrates through

the nervous system is the outcome of the same two factors plus another force that is generated outside of living matter, and entering it, in the higher animals, through the organs of special sense, causing some downward metabolism in the centre of that system.

Living matter cut off from oxygen manifests no vital phenomena ; cut off from sensation it manifests no psychological phenomena. We are told that all modes of consciousness are derived from experiences of force, and that in every cognitive process the materials dealt with are either sensations or the representations of them.

Oxygen is as indispensable a factor in the generation of vital force as living matter ; sensation is as indispensable a factor, in the production of all psychological phenomena, as both living matter and oxygen. The peculiarity of the psychic factor is that it is a force already generated outside the organism, and is conveyed inwardly by the portals of sense to modify the downward transformation of matter under the influence of oxygen.

But we are told that psychological phenomena begin in the very lowest classes of beings ; that they are met with in every form of life, from the simplest cell to the most complicated organism. And we can scarcely doubt that all the spontaneous movements in low organisms are in response to incipient sensations, which sensations are the correlatives of certain forces entering them from without and emanating from what we call objects of sense. If this be so, they are living, moving beings only in their relations to other things that are what they are only in virtue of their relations.

We have our being in a universe of relations. Man himself is but one term in a series of relations. Cut him off from these relations and he is a nonentity. He cannot be an astronomer without eyes, nor a musician without ears, nor yet a social being in the absence of all society. Yet he can, to a certain extent, determine what his relations shall be, and to that extent decide his own destiny. What we call an increase in knowledge is only an exten-

sion of our relations with the objects and forces of the universe with which we are surrounded, and so the limits of possible knowledge are practically beyond our reach.

The biologist tells us that the fundamental property of life is to maintain and increase itself; and, we are told further, that the function by which a thing begins to exist may safely be considered its all-essential function. That process by which living matter maintains and increases itself must, then, be its all-essential function, and that consists in the assimilation of nutritive material. The culmination of that process is the act of living matter in raising other matter, which is not living, to its own vital level. Some living matter undergoes a downward transformation that other matter may be raised to the level of life; and that the cell (I use the cell as the unit of life) may gain anything, it must assimilate more material than is expended in the assimilating act. We know that the force exerted by a weight of one pound falling two feet is just equal to the force required to raise a weight of two pounds up one foot. Living matter, in performing work or generating force, runs down into urea and uric acid, but the matter to be assimilated is already far above these products on its highway to life, and consequently a small amount of living matter can, by the expenditure of its force, assimilate a comparatively large amount of food material. It is a question of vital economics; and whether it be in the man in society or in the world at large, all economic questions have their basis right here. All economic questions are decided by their bearing on the maintenance and increase of life. There is no other standard, and there is no other place to measure from except the place where life begins—in the cell.

But the cell, in the presence of food and oxygen and under proper conditions of temperature and moisture, must continue to assimilate or perform some other function, even though it play a losing game and grow less by the act; for the moment it ceases to do this it ceases to be a generator of vital force, and must become the

theatre of necrobiotic changes or surrender itself to the putrefactive forces. There comes a time in the history of every individual cell, when, by the accumulation of losses through unfavorable influences and imperfect conditions, the balance of forces is against it and the cell dies. To anticipate this, the reproductive forces come into play, and they are only secondary and provisional, having their basis in the fundamental property of life to maintain and increase itself. So "the individual perishes, but the race is more and more."

Has living matter no other function than to maintain and increase itself? The answer is, not one, except it be derivative and subsidiary. All derivative functions are for the exclusive benefit of that from which they are derived, and are to be explained by it. In no case can the secondary explain the primary or take its place. No secondary function can vicariously fill the place of the primary, and here, although it is a little out of place, we venture the prediction that the existence of no nerves will ever be demonstrated whose function it is to minister directly and immediately to the nutrition of the tissues. The nutritive force, as we have seen, is generated by the reaction between oxygen and some of the matter we call living, and all attempts on the part of trophic nerves or anything else to act as substitutes for that process would be as futile as the attempt of the heathen to feed a corpse.

We are told that all the visible forms of life arise from invisible forms, which, instead of flying apart when they divide, remain together.

The single cell, floating in a medium containing its potential forces, which are food and oxygen, and which is in a situation to be affected by the vibrations of light and sound, and experiencing touch by contact, has no need for organs; but where cells are aggregated in masses of any considerable size the case is different. All, except those on the surface of the mass, being cut off from those relations necessary to sustain life, it becomes essential that, by some means or other, these relations should

be re-established. To this end, organs are constructed. All physiological organization is for the re-establishment of those relations of cells with the external world, its matter and its forces, from which they have been cut off by reason of their aggregation into masses.

The cell works only to live. Besides carrying on its own nutrition, or exercising its nutritive function, it works as an organic cell performing an organic function only in return for the re-establishment of its relations, and only so much as is essential to that re-establishment. So we will reiterate the former statement that the cell works only to live. It is the only legitimate, living autocrat, and lives for itself.

The organ, as an organ, exists only to work, and to work exclusively for the cells. When an organ lives for its own benefit, it transcends its functional limits, violates the laws of vital economics, undergoes degeneration, and all depending on it suffer. The violation of the laws of organic function accounts for a large part of the diseases, both functional and structural, that afflict mankind. An excess of organic function induces disease and degeneration by making greater demands from the cells than they can meet and still maintain their nutrition perfectly.

One of our statesmen has told us that that party which serves its country best, serves itself best. We, to-day, are neither Democrats nor Republicans, nor yet Prohibitionists; we are simply citizens of the Republic; but we all know that when a political party or any other organized political instrumentality lives for its own benefit, it degenerates, becomes to that extent useless, and the individual units of society suffer. There is a manifest parallel between a community of individual men and a community of individual cells. In both cases, the units are the rightful sovereigns. In both cases, organization is for life, not life for organization.

But perhaps someone will say that however true this may be of all other organs, it certainly cannot be true of the brain. Yes, preëminently of the brain also.

However true it may seem, from the stand-point of the moralist and the mental philosopher, that all the organs and functions of the body are for the benefit of the brain or mind, that doctrine to the biologist is a complete physiological topsy-turvy. It is theoretically untrue, and in practice disastrous. It is a doctrine that pervades to a great extent all our theories of education and of life. And it is partly in consequence of this doctrine that the unconscious and silent appeals of myriads of suffering cells are too often sent up to the brain in vain for a better maintenance of their normal relations; which appeal has not been recognized nor responded to because the brain has been undergoing a discipline in Latin or Greek, in entire disregard of its normal functions. Every bread-riot is nothing else than the fight of living cells to maintain their food relations, and that in no metaphorical sense, but actually. It results from the unconscious demands of millions of living cells sent up to the cerebral centres, and there concentrated and rendered into conscious, voluntary action. Learning does not always mean wisdom, neither does discipline mean a better establishment of our normal relations, or an extension of them.

The most profound knowledge and the most exalted morality yet attained are baffled by those great economic questions that disturb society, and which all have their basis in living cells. All the advance that the medical profession has made in the last forty years in the knowledge of life and its conditions, of disease, its causes, its avoidance or its remedies, and that advance has been exceedingly great, is far from adequate to the demands made in the interest of living cells. But that advance, which is in no wise abated, is an earnest of a time in the far-distant future, when learning and education shall mean wisdom; when men shall be universally educated and disciplined into their true relations, instead of out of them; when the health of men shall be largely, if not completely, within their own intelligent and voluntary keeping; when civilization shall become what hitherto it

has never been and is not now, an unmixed good, and when the recognition of the fact that the brain is exclusively an organ of the cells, shall be deemed not only consistent with, but essential to, the successful prosecution of the highest human purpose—the development of man to his fullest perfection, physically, intellectually, morally.

"For I doubt not through the ages  
One eternal purpose runs,  
And the thoughts of men are widening  
With the process of the suns."

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## THE TESTIMONY OF "CHOKED DISC" IN THE DIAGNOSIS OF CEREBRAL TUMOR.\*

BY DR. EDWARD P. MORROW, CANTON, O.

(With four cases.)

Before giving a report of the cases below, it may be well to ask what is the nature of choked disc. Von Graefe was the first to attempt any scientific explanation that was widely accepted; but later investigations led to disputations upon his theory.

Von Graefe concluded that as choked disc was most frequently met with in conjunction with cerebral tumors, hydrocephalus, and exudations and neoplasms at the base of the brain, that intracranial or intraorbital pressure acting on the cavernous sinus impeded the venous circulation; hence dilatation of the vessels and infiltration of the optic nerve fibers; these latter have to pass through the sclerotic ring, which being very rigid made lateral pressure on the fibers, with strangulation as the result. This, in turn, increases the hyperæmia. By this theory the infiltration of the optic nerve, its great prominence by bulging, as well as the appearance of the retinal vessels,

\* Read before the Northwestern Ohio Medical Association, February, 1890.

was explained. This hypothesis, or modifications of the same, while held by many to-day, does not accord with later anatomical researches. Since the discovery by Schwalbe of the space between the two sheaths of the optic nerve—the intervaginal space—and its communication with the arachnoidal space in the brain, we have a simple anatomical explanation of choked disc.

We can now see how intracranial pressure may push forward the arachnoidal fluid between the dural and phial sheaths of the nerve, and reaching the fenestrated membrane, compress or choke the nerve at its entrance through the sclerotic coat.

While other theories are advanced, I believe these two to be the ones occupying the thoughts of the best authorities upon the subject.

We may say, then, 1st, that optic neuritis, limited to the optic papilla (choked disc), appears to be the result of mechanical hyperæmia, secondary to compression of the optic nerve; or 2nd, to venous stasis. It should be looked upon not as a disease *per se*, but as a symptom of great importance.

It is true that this condition is found associated with other disturbances of the circulation than those due to brain tumors, namely, dysmenorrhea or constitutional causes, such as syphilis. Optic neuritis has been seen as a consequence of chills, of chronic alcoholism, of severe typhoid fever.

In the majority of cases it is being proven by autopsies that choked disc is associated with brain tumors more often than with any other one condition.

Dr. W. H. Williams of Boston, in a paper read before Section of Ophthalmology at the Newport meeting of the Am. Med. Ass., said: "When present, these peculiar forms of optic neuritis and retinal hemorrhages afford, perhaps, the most conclusive evidence of cerebral tumors." Dr. Ambrose L. Ranney, in his late work on the Nervous System, calls particular attention to this condition, and describes the appearance with the ophthalmoscope in

detail. He says: "Tumors of the brain and, in fact, any lesion which tends slowly to increase intracranial pressure, tend to manifest their existence by the development of double optic neuritis—the so-called—choked disc."

Dr. Wm. F. Norris speaks as follows in Pepper's 'System of Medicine:' "In pre-ophthalmoscopic times, statistics showing the percentages of blindness in brain tumors is most interesting, thus Abercrombie noted failure of sight in 17 out of 44 cases ( $38\frac{1}{2}$  per cent.). While Ladame, in a study of 331 cases, estimated that there was a disturbance of V. in 50 per cent. This represents cases of atrophy consequent upon optic neuritis only. It must be remembered, however, that many die of brain disease while the disc is yet choked, without atrophy, and that this state of the eye nerve may exist for a long time without any apparent failure of V., making it evident that should we look for choked disc with the ophthalmoscope while there are yet no signs of failing sight, the above per cent. would be higher. In support of this, we find that there is a rise of double optic neuritis to 93 per cent. in a series of 88 cases of brain tumor, 43 of which have been reported by Annuske and 45 by Reich, these being here adduced because in all of them there was a careful ophthalmoscopic examination. Gowers, who thinks this per cent. high, admits that optic neuritis occurs in 80 per cent. of all cases of cerebral tumors."

Case I. The first case I ask your attention to occurred in my practice in the fall of 1883. A young man, twenty years of age, well nourished, a machinist by occupation.

He complained of confusion of V. and dizziness, said his stomach had been troubling him, and he was constipated. His V. I found to be normal, and attributed his symptoms to a functional disturbance of the digestion and inactivity of the secretions, and prescribed for that condition. I did not examine him at this time with the ophthalmoscope, as his trouble seemed insignificant. In about three weeks he returned, saying that the dizziness

and confusion of V. was worse, and that he had had frequent attacks of vomiting, with some pain in his head. On testing his V., found it only a little below normal. I also tested the muscles and found insufficiency of the ext. rectus of one side, with the ophthalmoscope. I was amazed to find double optic neuritis, and at once questioned him carefully regarding his family and personal history. Could get no history of syphilis. The pain in his head, he said, was always localized to the temporal region of the right side, and sometimes was quite severe. I was not able to study the case any farther, as I lost him from my hands by giving his father, a few days later, a grave prognosis. He afterwards went the rounds of the regular physicians, occasionally falling into the hands of a quack. He stopped me on the street about a month later to tell me that he was treating with a "nigger doctor" for nervousness. I mention this only to say that I noticed at that time that one pupil was widely dilated, the other one was normal. He said he was using no drops in the eyes, and told me that his vision was much worse. Eventually he took to his bed and died in about six months after I first saw him. His physician at the time (a personal friend of mind), told me that he gave the cause of his death as brain tumor. There was no autopsy allowed.

Case II. Is also a young man, almost a lad, seventeen years of age; had always been in good health, of good parentage, except that his mother is neurotic; has several brothers and sisters all in good health. In the spring of 1887 he had a fall from a bicycle which rendered him unconscious. He recovered promptly but after that date was always complaining. He had treated more or less all summer and fall, with his family physician, for dizziness, pain in the head and vomiting. In December, 1887, he grew so much worse that the family changed physicians.

I was called in counsel on the fifteenth of December, by Dr. James Fraunfelder, to examine the patient's eyes to see if that would shed any light upon the diagnosis of the case. The Doctor had already had counsel in the case

and all had agreed upon its being some brain trouble. I found his V. considerably impaired. There was conv. strab. of the right eye with facial paralysis of the same side.

The ophthalmoscope revealed choked disc in both eyes, with many retinal hemorrhages in the region of the disc. I gave in my testimony for cerebral tumor. The lad died in ten days after I saw him. An autopsy was held and a tumor the size of a hen's egg was found in the middle lobe, on the left side, at the base of the brain.

Case III. A woman, well formed, of German descent, and about thirty-five years of age, came into my office in the summer of 1887. She wanted to have her eyes fitted for glasses, as she was seeing so poorly. On testing her V. I found she could barely count fingers at three feet. Her pupils were widely dilated. She denied using any drops in her eyes, or of taking any medicine.

The ophthalmoscope revealed choked disc in both eyes. She said she had been treating with her doctor for severe headaches and vomiting, but refused to allow any examination into her history as she said she did not want to pay for an examination; only wanted glasses. Upon telling her that she had a serious trouble and that glasses would not help her, she left the office. Her husband came next day to inform me that "I had alarmed his wife and that hereafter he would consider it a favor if I would mind my own business." His wife, unfortunately, died in less than three weeks, and an autopsy revealed a brain tumor. I was not invited to be present, and could not learn definitely the size or location of the tumor.

Case IV. While preparing this paper, January 14, 1890, there came to consult me a teamster, a big, hearty-looking fellow, thirty-three years of age, who said "His physician sent him to me to see what was the matter with his eyes." I found choked disc in both eyes and a history of severe headaches, vomiting and dizziness, with quite rapid loss of V. in the last seven weeks. The remarkable feature of this case is that upon the very next day after I saw

him he was seized with violent convulsions, occurring with great frequency, and a state of coma between the attacks. He had every evidence of great intracranial pressure. Blood-letting and chloroform were used, somewhat mitigating the attacks. When I last heard of him he was again able to be out of his bed and be about the house.

I am convinced that this will but add another to the list of those cases in which the discovery of choked disc was the first positive evidence in the diagnosis of cerebral tumor. This patient died February 1 (we tried to get a post-mortem but the friends would not allow it) in a state of coma and apparently from exhaustion. He would not accept nourishment or retain it for rectum.

In presenting these cases to you I would beg leave to draw the following

#### CONCLUSIONS :

1. That knowledge acquired in any special department of medicine may be useful to the general practitioner, particularly where local phenomena point to co-existing conditions in other organs, and the general system.

2. The choked disc, or more correctly, optic neuritis, is a symptom of great diagnostic value in brain lesions.

3. That, as in Case I., impairment of V. is not often early associated with optic neuritis, and for that reason may be overlooked.

4. It is present more often in slowly forming tumors and where the pressure is gradual, than in sudden intracranial pressure or rapidly forming tumors.

5. That optic neuritis, in itself, gives no clue as to the position of the tumor, which must, and often can be, located with great exactness by the occurrence of other local or general manifestations.

6. As shown in Case II., it is not necessary that the tumor press upon the optic nerve to produce the condition.

INJURIES OF THE HIP AND ABSORPTION OF  
THE NECK OF THE FEMUR.\*

BY REUBEN A. VANCE, M.D.,

Consulting Surgeon Saint Alexis Hospital, Cleveland, Ohio.

The injuries of the hip that result in fracture are well-known. The fractures thus produced in their various aspects have been so much discussed and written about, that their literature is one of the most voluminous in the history of practical surgery. On the present occasion, I wish to call your attention to one of the consequences of injuries of the hip that has been but little discussed or written about, and which is, nevertheless, one that has exercised an unrecognized but potent influence over the progress of all lesions about the head and neck of the femur. I refer to the absorption of the bony tissues of the femoral cervix, the result of injuries—a lesion not necessarily preceded by fracture, but one that may occur as a consequence of contusions of the hip.

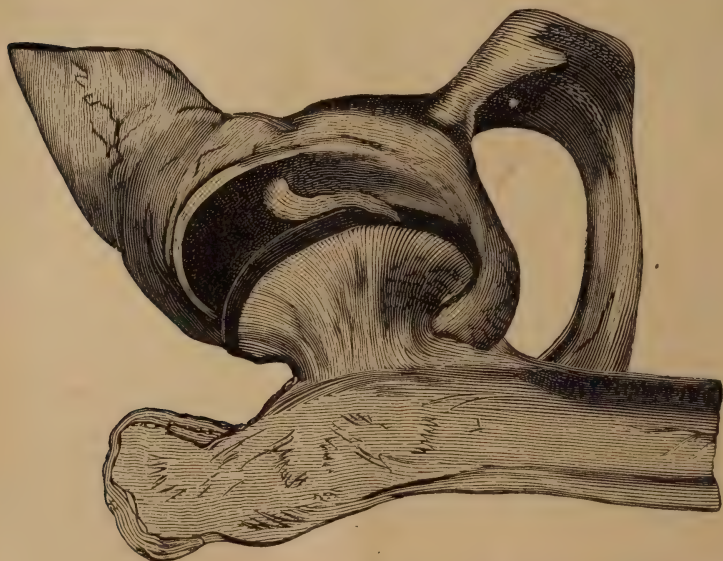
That this lesion has been recognized, is well known to all familiar with the writings of Benjamin Bell and George Gulliver. Within recent years, Richard Quain in his Clinical Lectures has set forth this peculiar consequence of injuries of the hip in a lucid manner, and illustrated its morbid anatomy with great success.

A brief review of two of the earlier cases will fitly introduce what I shall have to say on the subject. The first case is from the Edinburgh Medical and Surgical Journal, No. 128, for July, 1836; the second from the same periodical, 'No. 129, for October, 1836; both are contributed by Mr. George Gulliver, and in the number last named, the morbid appearances are illustrated in excellent style.

"J. Fox, aged thirty-two, after a service of eight years

\* A paper read to the Alumni Association of Bellevue Hospital, New York City, April 9, 1890.

in the West Indies, died of phthisis, for which disease he had been two years under treatment in hospital. A long time after his confinement, it was noticed that his right inferior extremity was emaciated, but; there was no note of any affection of the limb previous to his admission into hospital. At the *post-mortem*, the right inferior extremity was found by measurement to be at least an inch and a half shorter than the other, and the extent between the



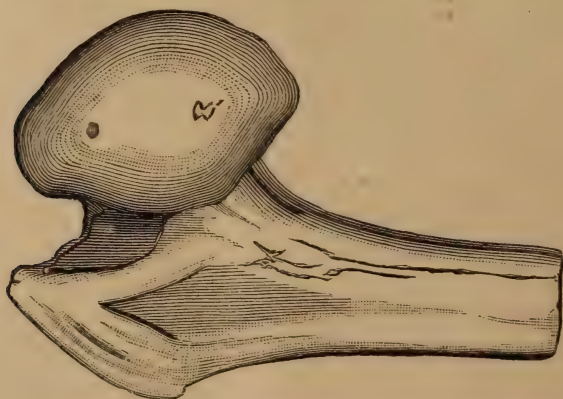
pubis and trochanter of the affected side was diminished in a corresponding manner. The limb was much emaciated, but its position was natural, and the motions of the coxo-femoral articulation were not impaired. Having removed the upper part of the femur, I found the neck absent. The head was flattened and expanded considerably; it was approximated to the shaft so as to be situated much below the great trochanter. A section of the part was made, when the upper and lower shell of what remained of the neck was seen to be formed of compact bone, quite equal to the ordinary thickness in this

situation, and the reticular texture of the bone was more dense for some distance from the edges, so as to form an indistinct line on either side of the most contracted part towards the center. The cancelli were filled with caseous matter, in some places nearly colorless, in others tinged with dark grumous blood. The acetabulum was diminished in depth, but enlarged laterally, so as to correspond with the altered shape of the head of the thigh bone. The cartilage of the articulation presented throughout its usual thickness and consistency, and was generally smooth and lubricated with synovia. I examined the other thigh bone and found its form and condition in every respect natural. I now sought information concerning the history of the case from some of Fox's comrades who had served and come home with him. From them, it appeared that Fox had received a fall about three years before in the Island of Nevis, in consequence of which he often complained of pain about the hip, but continued to do his military duty many months after, never having been confined on account of the accident. The morbid parts described in this case are preserved in the museum of the Army Medical Department."

"John Lynn, aged nineteen, a stout, active recruit of the Thirty-eighth regiment, fell into the hold of the ship in which he was proceeding to join his corps in India, and injured the right hip, in consequence of which he was confined to his berth. On his arrival in India about three months after the accident, being perfectly well, he was attached to the light company of his regiment. He continued to perform the active duties required of him in this company for about three years after the accident, when he became very gradually lame in the injured limb, and was accordingly admitted into hospital. When he had been about eighteen months under treatment, the infirmity increasing, he was considered to be unfit for the service. His general health had been throughout good, and he was accustomed to move about with the assistance

of a crutch, but he was so much addicted to the drinking of ardent spirits that it was deemed expedient to retain him in hospital until he could be brought before the annual invaliding committee. While detained for this purpose, he was bit during the night by a snake (*Bungarus lineatus*), from the effects of which he died in a few hours, being then twenty-four years of age.

"The hip-joint presented to the museum of the Army Medical Department by Dr. Dempster, exhibits remarkable shortening of the neck and enlargement of the head of the thigh bone, with suitable change of form in the



acetabulum. The head of the bone is enlarged principally around its inferior border, as if from expansion, its upper and front part being flattened, so that the articular surface extends anteriorly close to the shaft, while the neck presents a greater extent posteriorly. The acetabulum is much widened and remarkably shallow, corresponding to the alteration of shape in the head of the bone. A section made in the usual direction through the upper part of the thigh bone exhibits the centre of its neck hardly half an inch long. There is no appreciable diminution in the density or strength of the bone, and the compact shell of the neck, as well as the can-

cellous structure, appears throughout perfectly natural. The articular cartilages, as far as can be ascertained from a dry, but imperfectly macerated preparation, appear of the usual thickness and without a trace of ulceration."

I will now recite certain facts in the history of a case that has long been under my own observation:

A gentleman forty-seven years of age, a native of Ohio and a life-long resident of Cleveland, while on his way to his place of business in December, 1886, slipped and fell, striking on the right hip with sufficient violence to make a decided ecchymosis over the trochanter major. Although suffering much pain, he continued his journey and attended to his usual avocations. The only change he felt compelled to make was to ride to and from his place of business during the ensuing week. The limb was sore and weak during this interval, and over the bruised region felt very tender. At the end of that time, he was awakened one night by violent pain in the knee. This was so severe that he remained in bed the following day. The next morning he was able to go to his store as usual, and since then has not lost an hour from business on account of pain in or defect of the limb. In May, 1887, he noticed that he was wearing off the back of the right pantaloons leg, and became conscious of a slight halt in his gait. He then fell under my observation. In answer to my inquiry, he said that every night the leg was weak and a trifle painful, that before the injury there was never the slightest defect in his limbs. In May, 1887, careful measurements revealed between one-half inch and an inch shortening. The right thigh was three quarters of an inch less in circumference than the left. No difference was perceptible in measurements between the top of the trochanter major and the lower end of the femur on the right and the left side; or, with the limbs extended, between the trochanter major and the malleolus of the fibula on either side. But there was a decided difference on the two sides when measure-

ment was made between the crest of the ilium and the trochanter, and the whole of the shortening on the right side could be accounted for by the approximation of the right trochanter to the iliac crest. At this time, the motions of the hip-joint were unimpaired, and no tenderness was apparent when the joint surfaces were forcibly approximated in different positions of the limb. The range of motion of the thigh was limited in but one direction—the limb could not be abducted to the same extent as the left. There was no eversion of the right foot. He called for an opinion as to the nature of his injury and its future progress, he then contemplating a suit for damages against the property owner in front of whose premises he fell; a suit that was never brought, owing to advice received from counsel.

This gentleman has been under my observation ever since. I have recently repeated my examination, and his present condition is as follows: There is one inch and a quarter difference in the circumference of the two thighs; one inch and a half in the length of the two limbs, located in the upper end of the right femur, and measurement shows that this is to be accounted for by alteration in the neck of the femur. The motions of the thigh are now restricted in every direction, particularly so in abduction. Within a circumscribed limit, however, he can flex, extend, abduct, adduct and circumduct the limb as well as ever. With the limb straight, he can neither invert nor evert it to the same extent as its fellow, and when lying on his back, the right foot seems somewhat everted. After exertion there is a sense of weakness in the limb, and at all times a decided halt in his gait, but he is free from pain and can walk to and from his place of business without distress. In short, he is weak and lame in the right lower extremity, but otherwise well.

Quain admirably summarizes the morbid anatomy of this lesion. The changes involve the neck and head of the femur and acetabulum of the pelvic bone, and are in-

licated by comparison with the bones of the opposite side in their natural state. The head of the femur is expanded and flattened, and shortened as if thrust down. The regular arrangement of the arches of the cancellated structure is no longer apparent, the joint surfaces are not inflamed, the cartilaginous investments are intact, and the peculiar lesions of chronic rheumatic arthritis are absent.

In the American *Journal of the Medical Sciences* for October, 1867, will be found an extremely interesting article by Dr. John H. Packard of Philadelphia, "On Some Points Relating to Fractures of the Neck of the Femur," in which are adduced many considerations that bear forcibly upon any conclusions that may be drawn from the clinical and pathological facts above set forth. But my object at present is not so much to dwell upon those aspects of the case, as to emphasize certain medico-legal features that are liable at any moment to assume prominence. These are of especial interest to the medical profession. Some years since, a prominent surgeon in Cincinnati was hailed while driving along the street by a young physician, who requested him to stop and glance at a painter who, in falling from a ladder, had dislocated his thigh, which dislocation, the young man assured him, he had reduced. The surgeon complied, saw the patient, examined the limb and assured the injured man that the thigh bone was back in its proper position. This was all the professional connection the surgeon had with the case. It seems that in a couple of months the painter was back at his business apparently all right, but in a few weeks he began to walk lame, and at the expiration of another month or so, his legal representative called on the surgeon with a demand for compensation, alleging that through want of skill on his part, a fracture of the neck of the thigh bone had been overlooked, and that his client was lame as a result of such malpractice. In this position, the lawyer went on to say, he was sustained by the opinion of a local professor of surgery and practitioner of high repute, who had assured him that the lameness of

his client was wholly due to failure on the part of his surgical advisors to resort to measures calculated to keep the parts at rest until the fracture of the neck of the femur had united; that by permitting him to get up too soon, either the callus had yielded, or the hitherto untorn portion of the cervical ligament had ruptured, and that the shortening of the limb of late development was due to one or other of these causes, and could be due to nothing else. This case, vexatious and expensive as all such cases are, finally came to naught from inability on the part of the painter to stand the expense of litigation, and not because of the injustice of his claim, or the bad character of the surgical advice on which it was based.

In the interpretation of these cases during life, a history of the patient is of the utmost importance. Absorption of the neck of the femur may follow the most diverse injuries; if there has been a fracture or dislocation, the surgeon will always guard his prognosis. It is in the slighter cases, and those where a simple contusion alone is apparent, that trouble is apt to arise; conversely in patients where an injury of the hip is not attended by inability to walk that lasts for weeks; where no shortening occurs at first, but is of late development and gradual onset; where the defect in length is shown not to be located in any other part of the limb than the region around the joint, and where other parts of the body are free from evidences of chronic rheumatic arthritis, the morbid anatomical condition is absorption of the neck of the femur.

NEW YORK ACADEMY OF MEDICINE, SECTION  
OF PEDIATRICS, DR. L. EMMETT HOLT,  
CHAIRMAN. MEETING OF APRIL 10, 1890.

HYDROCEPHALUS FOLLOWING CEREBRO-SPINAL MENINGITIS.

Dr. J. Lewis Smith presented a child ten months old with chronic hydrocephalus, attributed to an attack of cerebro-spinal meningitis three months before. Until seven months of age, the child had been well, able to sit up, and had manifested no abnormal brain symptoms. At that time an attack lasting a month had occurred, in which there was some fever, great irritability and hyperesthesia. Since that time the head has been steadily increasing in size until it now measured  $19\frac{3}{4}$  inches in circumference. The fontanelle was large, tense and bulging. The child was unable to hold the head up and its general nutrition was poor. There were no convulsions. The symptoms were progressive. An examination of the eyes had been made and the report was that the arteries were small, the veins large, and the discs pale. Dr. Smith was treating the case with iodide of potassium ointment applied to the scalp, and he asked whether anything further could be done.

Dr. A. Jacobi was not quite sure that the initial attack had been one of cerebro-spinal meningitis. The present condition of hydrocephalus was very evident. He thought the child was rachitic and advised that phosphorus be used,  $\frac{1}{150}$  of a grain three times a day. His prognosis was favorable, so far, at least, as arresting the hydrocephalus.

EMPHYEMA COMPLICATED BY PULMONARY OEDEMA.

Dr. Francis Huber presented a patient twenty months old on whom he had operated some time since for empyema of the left side. When first seen, the child had been several days ill, was extremely prostrated, with high temperature, weak pulse and well-marked oedema of the

opposite lung. The chest was aspirated, six ounces of pus removed and stimulants freely given. In six or eight hours the œdema disappeared and on the following day the chest was incised, washed out and a drainage tube inserted. The case made a rapid recovery and the wound was firmly healed in four weeks. The lung was now perfectly expanded and there was no difference in percussion sounds upon the two sides. The complication of œdema was seen most often in cases of acute empyema and was apt to occur quite early in the disease. The plan of treatment here pursued had been followed in other cases with equally satisfactory results. Dr. Huber believed that incision while œdema of the lung existed might be dangerous, and thought the preliminary aspiration as practiced in this and in the other cases was much more likely to give satisfactory results.

#### IMPACTED URETHRAL CALCULUS.

Dr. F. M. Crandall reported a case occurring in a boy three years of age, and presented a specimen. The symptoms had been persistent tenesmus, with some rectal prolapse. When first seen, there had been very little urine for seventy-two hours, in spite of the use of diuretics. The glans was swollen, the meatus reddened, and a hard mass was felt in the urethra a short distance back. It was removed with forceps with some difficulty and a slight hemorrhage. A large amount of urine was immediately passed with great relief to the patient. Previous attacks of straining, pain, screaming, etc., were related as having occurred during two or three months before, for which no cause had at the time been discovered. In no one of these was there any retention. One week after the removal of the calculus the urine was examined and found normal. The family history was rheumatic. The calculus weighed  $4\frac{3}{4}$  grs., and was composed of uric acid with an incrustation of phosphates.

#### RENAL CALCULUS WITHOUT SYMPTOMS.

Dr. I. H. Hance presented a renal calculus, globular in

form, one-third of an inch in diameter, which had been found at autopsy in the pelvis of the kidney of a female child eighteen months old, dying of tuberculosis. There had been no symptoms during life pointing to the kidney, and no pyelitis existed.

#### MALFORMATION OF THE HAND.

Dr. W. L. Carr presented photographs of a case showing constriction bands in nearly every finger of both hands, and the left hand had suffered intra-uterine amputation of one phalanx of every finger excepting the third.

#### PRIMARY PNEUMONIA WITH LOW TEMPERATURE AND OTHER OBSCURE SYMPTOMS.

Dr. L. Emmett Holt reported two cases. The first was in a delicate child five weeks old, who had slight diarrhoea and vomiting for four or five days. When admitted to the hospital it was not very ill, and there were no symptoms indicating disease of the lungs. On the second day the child became greatly prostrated and cyanotic, the temperature was  $101^{\circ}$  the first day, and on the second day it was  $99^{\circ}$  during the entire day. The respirations were rapid. There was some dyspnoea. Three drops of paregoric had been given on account of the diarrhoea. The urgent symptoms noted above came on a few hours after this dose. The pupils were contracted, but there were no other evidences of opium poisoning. Examination of the chest revealed nothing but rude breathing upon both sides. The child died in collapse forty-eight hours after admission and thirty hours after the supervention of severe symptoms.

At the autopsy, a recent extensive broncho-pneumonia was found, involving one-third of the right upper lobe and about three-quarters of the lower lobe. The other organs were practically normal.

Microscopical examination of the lungs was made to clear up any question of pulmonary collapse as a cause of the symptoms. The consolidated portions gave the appearance of typical broncho-pneumonia, the air vesicles

being filled with leucocytes ; in many places extensive capillary hemorrhages existed.

The second case was in a stout, well-nourished boy six months old, who had severe symptoms only two days. Previous to that time he was reported as bright, active and having only a slight cough. His temperature on admission to the hospital was  $101.4^{\circ}$ . There was slight cervical opisthotonos, marked drowsiness ; respiration 32, pulse 120. He swallowed with difficulty. The pupils were normal. On the following morning the temperature was  $99^{\circ}$ , pulse 132, respiration 44. The prostration was very much increased. There was drowsiness and general relaxation, but no stupor. The breathing was difficult and labored. There was no dullness in the lungs and very rude breathing was heard over both sides of the chest, with coarse rales at the base of each lung. The breathing was so superficial that the examination of the chest was not very satisfactory. The temperature in the evening fell to  $96^{\circ}$ . The prostration increased and slight cyanosis developed. The boy died in collapse thirty hours after admission and forty-eight hours after the beginning of severe symptoms.

The autopsy showed very extensive broncho-pneumonia in both lungs, with small areas of gangrene in the middle of the right lower lobe, due to thrombosis of branches of the pulmonary artery, large thrombi, completely filling the vessels, being found in both regions. There was a firm cardiac thrombus which extended some distance in the pulmonary artery. There was a very recent pleurisy over the consolidated area.

Microscopical examination had also been made of the lung in this case. There was found a very extensive infiltration in which the air-cells and the other appearances were typical of recent broncho-pneumonia.

These cases were interesting as showing how obscure pneumonia might be, since without an autopsy in the first case, a probable diagnosis would have been pulmonary collapse dependent, possibly, upon an unusually small

dose of opium. The speaker remarked that the difficulty of diagnosing diseases in young infants was not usually from the fact that rare diseases were met with, as from the occurrence of ordinary diseases masked by unusual symptoms.

Dr. Jacobi stated that there were three classes of cases of pneumonia in which a low temperature was likely to be seen: First, in pneumonia of the very old; secondly, in pneumonia of the very young; and thirdly, in pneumonia complicating other diseases.

Dr. H. D. Chapin was inclined to the opinion that the process in the lung was somewhat older than the symptoms seemed to indicate. He thought the pneumonia must have existed for several days.

#### DISCUSSION UPON THE USE OF SPIRITS AND MALTED LIQUORS IN THE DIET OF NURSING WOMEN.

Opened by Dr. A. Jacobi. He stated that hitherto the subject had been considered with little reference to physiological chemistry, and that conclusions had been drawn, influenced by prejudice or an ill-observed experience. He cited the fact that certain coloring matters, essential oils and a few drugs are known to be eliminated by the mammary gland. The gland was not, however, a filter. Milk was a new substance produced by the action of the gland itself and contained elements not found in the blood. It varied in its composition with the condition of the patient. In the debilitated, the anæmic, and the poorly nourished, it often partook more of the nature of transudation than a secretion. All of these facts should be taken into consideration in considering the effects of alcohol:

First, Is alcohol admissible?

Second, May it be useful?

Third, Is it advisable?

A writer in the sixteenth century had stated that all nursing women should avoid both Venus and Bacchus. Alcohol was admissible as a medicine for conditions such as might require alcohol under any other circumstances in

the same patient. It was not, however, to be advised as a beverage. Alcohol, as a food, acted as a carbo-hydrate, but other substances could better be used and could easily replace it. It should be used only in medicinal doses. It should always be given with the meals. When the physician wishes to increase the amount of fluids taken by the patient, others less objectionable are at hand. The same is true of food. Spirits should never be allowed except under the restrictions above stated. Malted drinks were less objectionable, but after all, nothing was so useful in promoting a good supply of healthy milk in the nursing woman as a proper diet. It should be remembered that in the case of delicate and anæmic women, whose milk was more like a transudation than a secretion, alcohol was particularly contra-indicated, since in these it was likely to pass through the gland directly into the child's stomach.

Dr. E. L. Partridge said that the subject involved three questions:

First, Do patients actually do better as nurses while taking alcohol than when it is withheld?

Secondly, Do these articles produce any deleterious effects upon the child?

Thirdly, Have we any better means for increasing the nutrition of our patients?

Alcohol or malted drinks might do good by furnishing the necessary quantity of fluid, also by improving the mother's nutrition, but nursing continued by means of alcohol was never desirable. A woman who could not nurse her child except under the use of large quantities of malted liquors should not nurse it at all. Such high-pressure nursing was never successful, and it was objectionable for the sake both of the mother and of the child. Intelligent hand-feeding produced very much better results than nursing kept up by the use of alcoholic stimulants. He had never noticed any toxic influences in children where alcohol had been used in moderation by nurses. He thought that in most cases the other means at our command for increasing the supply of milk were better.

Cases should be considered separately. Some certainly might do better with a small amount of alcohol given as a medicine; under no circumstances allowed as a beverage. The danger of the formation of the alcoholic habit by nursing mothers was not to be ignored. In some women, like the English, who had been accustomed all their lives to drink malted liquors in some form, no harm seemed to result to the child from a continuance of such a habit during lactation, but to commence the habitual use of alcohol in any form during lactation he considered always objectionable. In general, a safe principle by which to be guided was that what was best for the mother was best for the child. Anything which promoted the mother's nutrition or steadied her nervous system, made her a better wet nurse.

Dr. A. Seibert considered that the use of beer, particularly stale beer, as was often the case among wet nurses, productive of very great harm, by causing gastro-intestinal disturbance in the infant. In the case of a nursing child, suddenly seized with an attack of indigestion, his first question was always regarding the habits of the wet nurse in this respect. In his own child there had been a rise of temperature of several degrees following every nursing for twenty-four hours, the temperature falling within a short time in each interval. The wet nurse was found to be drinking freely of stale beer, and as soon as this practice was stopped the child's symptoms ceased. He believed that the bacteria introduced with the malted liquors under such circumstances might find their way into the mother's milk and in that way set up the disturbance seen in the child.

Dr. E. H. Grandin stated that his personal experience led him to disagree with Dr. Seibert. He allowed nursing women to use malted liquors in moderation. He believed that it was the pale and anæmic women who needed this most, and he had never seen any unpleasant symptoms caused from the practice. Where there was good glandular activity it might not be required. The abuse of malted

liquors was a great one and not to be sanctioned, but their use he believed a valuable means of enabling many mothers, otherwise incapable of nursing, to do so.

Dr. Jacobi, in closing the discussion, said that it was, after all, only necessary that the mother should be supplied in her food with a proper element from which milk was to be made. Nothing more was to be allowed except in the way of medicine. In this latter way, and in this way only, was alcohol in any form to be permitted.

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## CORRESPONDENCE.

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### LETTER FROM CHINA.

SWATOW, CHINA, February 24, 1890.

It is an ever-increasing mystery to me how this great Chinese nation has contrived for centuries to retain so perfect a system of "petrified fixedness." The Chinese doctor of to-day holds the same ideas of medicine and medical practice that were entertained in the days of Hippocrates, though lacking in the practicability of this renowned father of medicine.

According to Chinese philosophy, there are five elements—fire, water, earth, metal and wood—which go to make up the human body, and a man is healthy according to the right proportion of these elements.

It is the legitimate work of the doctor to keep these elements in harmonious action and proportion.

If there is too much water it will put out the fire and dropsy will result. When there is too much fire it destroys the proper proportion of water, dries the earth, burns the wood and melts the metal!

In such diseases as small-pox, a part of the fire element has broken loose from the general stock and taken up its abode in the stomach, and in order that life may be saved the doctor must cause this fire to pass to the surface of the body and burn out there. If he can succeed in making it pass rapidly and burn briskly there is hope of saving his patient.

Bones, says the Chinese doctor, are produced from metal; the alimentary apparatus from the earth element and the five ducts of the human body are formed from wood.

These ducts, according to their anatomy, are the rectum, the urethra, the hepatic, the pancreatic and the splenic. By feeling the pulse they can tell which element is in excess.

Five is a favorite multiple with this people. There are, say they, five elements, five ducts, five tastes, five senses, five fingers, five toes and twice five noble organs. What these ten noble organs are I have not been able to learn. The heart is a kind of a store-house for the marrow which comes from the brain and goes to the generative organs.

The lungs are the regulators of the temper, and the liver is an umpire and issues orders for the whole body, the bile settling all disputed points. The stomach governs the five tastes, and the spleen is the seat of joy and enthusiasm. Skill proceeds from the kidneys, and the bladder is the reservoir of the absorbents.

Chinese doctors have much faith in their "Fung chui," *i. e.*, in the wind and water influences of their habitations. All stomach disorders are ascribed to the want of wind and water equilibrium; the "Fung chui" is not right.

China is a grand field for pharmacy—the people truly delight in taking drugs whether they be ill or not. They say it is a good plan to have plenty of medicine stored up in the system ready for any attack of disease which may come to them in the future. They believe in heroic drugs and heroic doses. Five pills, each as large as a marble, are given for diarrhœa. Such a dose would startle some of our little pill M. D.'s in America.

The Chinese surgical instruments are ten in number. They are of the rudest manufacture, and there is not a bistoury, a scalpel, nor a lancet among them.

Bone-setting and puncturing are about all the Chinese surgeon undertakes.

Inoculation for the prevention of small-pox is performed by rubbing a crust of matured pock into the nostril.

Snake's skin, elephant's hide and birds' nests are among their remedies. Gold being a heavy metal is a valuable medicine to suppress fear, tranquilize the heart and give rest to the soul. Excellent in all diseases of the five ducts!

For many of these facts concerning Chinese ideas of anatomy and medicine, I am indebted to Dr. Wilson's 'Medical Notes on China.'

ANNA K. SCOTT, M.D.

WASHINGTON, D. C., April 13, 1890.

*Editors MEDICAL GAZETTE:*

In looking over the report of the proceedings of the Alumni Association of the Western Reserve College, I observe you speak of Dr. Woodard of the District of Columbia as "of the class of '47." Then on page 236 you give some remarks from "Dr. Woodard" of the District of Columbia, treasurer of the Rush Monument Fund, in relation to the monument to Dr. Delamater. Now, I am treasurer of the Rush Monument Committee, and I made the remarks at the meeting in Cleveland that are attributed to Dr. Woodard, but I was of the class of '51, and not of '47.

I think you have made a mistake in your report.

Yours truly,

D. C. PATTERSON.

[We are pleased to make this correction.—EDS.]

## REVISION OF THE UNITED STATES PHARMACOPŒIA.

### OFFICIAL ANNOUNCEMENT.

BOSTON, MASS., March 15, 1890.

The convention for the revision of the United States Pharmacopœia will be held in the city of Washington, May 7, at noon. As it is necessary that some preliminary arrangements should be prepared in advance of the convention, I have taken upon myself the responsibility of appointing the following delegates to act as a Committee of Arrangements:

Dr. Samuel C. Busey, Dr. C. H. A. Kleinschmidt, Dr. Robert T. Edes of Washington; Mr. P. W. Bedford of New York, and a committee appointed by the National College of Pharmacy of the following members: W. S. Thompson, J. A. Milburn and S. E. Waggaman, M. D.

As soon as arrangements are completed a circular will be mailed to each organization whose credentials are received by me before April 10, and to any delegate who will forward his address on a stamped envelope inclosed to me.

The railroads in the territories of the Trunk Line Commission, Central Traffic Association and the Southern Passenger Association, which practically includes all the

lines between New York state on the east, Chicago, St. Louis and the Mississippi river on the west, and all the Southern states, will make the convention rate of a full fare going and one-third fare returning (on the usual conditions) to all delegates and their friends to Washington and return. In the New England states and Michigan, as also north of Chicago and west of the Mississippi river, no concession can be obtained. Circulars giving fuller particulars will be issued later.

ROBERT AMORY,

President Convention, 1880.

# The Cleveland Medical Gazette.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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Changes for advertisements must reach us not later than the second week of the month to be corrected in current number, addressed to W. N. GATES, Manager Advertising Department, 10 Public Square.

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EDITED BY A. R. BAKER, M.D., AND S. W. KELLEY, M.D.

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## EDITORIAL.

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### LECTURES ON THE HISTORY OF MEDICINE.

In opening his course of lectures on the history of medicine at the Wooster Medical College, Dr. Handerson said:

More than sixty years ago a young English physician was invited by Thomas Jefferson to a place in the University of Virginia, and by the terms of his appointment was required "to teach, to the best of his ability and with due diligence, anatomy, surgery, the history of the progress and theories of medicine, physiology, materia medica and pharmacy." This man, whose office demanded a medical versatility bordering upon omniscience, was Robley Dunglison, a name familiar to medical students and teachers from that day to this. Robley Dunglison was the first lecturer upon the history of medicine in the United States, and, so far as my knowledge extends, he has, up to the present time, had no

active successor. A year or two ago Surgeon John S. Billings, equally well known for his medical versatility, was appointed a lecturer upon the history of medicine in Harvard University, but, unfortunately for the profession, he has not as yet assumed active duty as the teacher of this sadly neglected department. I recall these facts to your remembrance for the purpose of both emphasizing the exceptionally progressive character of your trustees and faculty in thus daring to restore the history of medicine to its rightful place in the curriculum of medical instruction, and again to excuse the unconcealable emotion with which I venture to tread in the steps of the eminent pioneer in this department, whose name has been recalled to your recollection.

The question arises naturally why it is that the history of our art has been so utterly and universally neglected in our medical curricula. Nor is the answer difficult. The chief, though by no means the only reason, is, doubtless, that in a country whose growth and development have been so phenomenal as our own, and among a population compelled by the very luxuriance of that growth to devote their attention almost exclusively to practical objects, the study of history, whose interest seems rather retrospective than prospective, naturally claims but slight attention. The very brief term of our medical curriculum has been necessarily devoted to those practical branches, the sole aim of which is to render the student competent to recognize and to cure disease. The history of medical art has been naturally regarded as a mere ornament or superfluity in medical education, and the time has scarcely yet passed when he who ventures to devote to this department more than a superficial glance is looked upon by his colleagues as a medical *dilettante*, and regarded with a smile of mingled derision and pity. Nor is the state of affairs materially different in England. In none of her great universities, nor in any of her numerous hospital medical schools, are systematic lectures given upon the subject of medical history. On the continent, however, the claims

of this department of medical science are better recognized. The University of Paris can point with just pride to the work of the lamented Daremberg, Paul Lorain, Bouchet and Laboulbène, while in Germany the names of the great Sprengel and the more recent Hecker, Haeser, Hirsch, Baas and Puschmann, the latter professor of the history of medicine in the University of Vienna, are well known to every student of medical history.

I have no desire to magnify mine office. It is, indeed, true that a man may amputate a limb *secundum artem* without the slightest knowledge of who devised the tourniquet or first tied an artery to control hemorrhage. He may treat a pneumonia very successfully in entire ignorance of the history of the gradual discovery of the circulation and of the drugs which he employs in his management of the case. But in a profession calling itself "learned" have we not a right to demand something more than the *quasi-mechanical* application of teachings derived from our immediate instructor? Ought we not to know something of the basis upon which these teachings rest? What would we think of a botanist who was ignorant of the work of Theophrastus, Dioscorides, Linnaeus and De Candolle? Of a physicist who never read the lives and the doctrines of Archimedes, Roger Bacon, Newton and Laplace? Is it any less incumbent upon us to know something of the history of our art? We may learn quite as much from the errors of our predecessors as from their successes, yet the latter alone are, of course, made prominent in our medical curriculum. Even so ancient an authority as Hippocrates has said most truly: "The physician must know what his predecessors have known unless he would deceive both himself and others."

We pride ourselves, and in many respects justly, upon the phenomenal advances in our art during the present century. Do we ever stop to reflect that scarcely one of them would have been possible without the patient and often forgotten labors of our predecessors? Guy De Chauliac, the most eminent surgeon of the middle ages,

with the consummate modesty of a great genius, writes: "*Pueri enim sumus in collo Gigantis, qui videre possumus quicquid Gigas et aliquantulum plus,*" "We are like boys sitting upon the shoulders of a giant; we see what the giant sees and a little more." Let us not then forget or ignore the achievements of our predecessors in the medical art. Able as are the medical minds of the present day, when we come to measure them by the rule of the period in which they live we shall find that they by no means surpass in acuteness a host of pioneers and predecessors, of whom the names of Hippocrates, Galen, Paré and Sydenham furnish brilliant examples.

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## AMONG OUR EXCHANGES.

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Among the almost endless recommendations for *acne*, one by DR. SARAH E. POST<sup>1</sup> of Demilt Dispensary, New York, deserves especial notice for its simplicity and facility of application. She uses an alcoholic solution of boric acid (℥ss. of boric acid to fd. ℥viii. of alcohol), perfumed if desired. The patient is directed to bathe the face at night in hot water containing a little ammonia, soap being interdicted. The face is then rinsed in cold water, dried, and the solution applied by sopping it on with a soft, clean cloth, and allowed to dry on. The face is not washed in the morning, but, instead, the solution is applied. It should also be applied several times during the day, if the skin becomes moist. The solution is an elegant toilet article, as the delicate powder left by the evaporation of the lotion serves to remove the "shine" from the face. In very bad cases, a little ether may be applied, and the comedones removed with an extractor. We notice a modification of the chloroform treatment of *tapeworm* by DR. W. A. RAPE of Ballinger, Texas,<sup>2</sup> which he claims to

<sup>1</sup>Med. News, January 18, 1890.

<sup>2</sup>Daniel's Tex. Med. Jour., January, 1890.

be more efficient than any plan he has heretofore tried. He gives  $\text{fd. } \bar{3}\text{ss.}$  of chloroform in some bland mixture, and follows it in half an hour with two teaspoonfuls of the following mixture:  $\text{R ol. Tiglii gtt. iv.; ol. Ricini fd. } \bar{3}\text{ss; glycerin. fd. } \bar{3}\text{ss; aq. destillat ad. fd. } \bar{3}\text{ii—m.}$  The latter dose is repeated every three hours till the worm is expelled, after which the patient's bowels are kept open for three or four days, and small doses of salicylic acid given every three or four hours during the day-time. It goes without saying that the treatment should be preceded by a twenty-four hours' fast. Those of our readers who are in the habit of regulating the amount of galvanic current they are giving by means of the rheostat instead of by turning on one cell at a time till the requisite number of milliampères is reached, will be interested in knowing that the rheostat is, at times, unreliable, and may, without warning, allow an amount of current to flow through it which will cause serious inconvenience, if nothing worse. Such an instance is related by DR. D. TOD GILLIAM of Columbus, O.,<sup>3</sup> where, while he was making an intra-uterine application, the current bounded up from 70 to 350 milliampères, causing intense pain to the patient, followed by complete unconsciousness lasting some two minutes. After the accident, the Doctor found out what had happened to the rheostat, but, as it was a thing that was liable to happen again, he now prefers the safer method of turning on one cell at a time. A strong plea for the use of static electricity, in the form of static insulation, drawing sparks from spine, etc., is made by DR. FRANK E. CALDWELL of Brooklyn, N. Y.<sup>4</sup> He cites cases of *amenorrhœa*, *muscular rheumatism*, *insomnia*, etc., greatly benefited by it, and especially does he find it of benefit to convalescents from severe illness, it acting in such cases as a powerful general tonic.

Of the various methods of making local applications to

<sup>3</sup>N. Y. Med. Jour., December 7, 1889.

<sup>4</sup>Jour. Electro-Therapeutics, January, 1890.

the diseased tissues in *diphtheria*, that by insufflation is by far the most practicable with young children. DR. BERGHARDT of Vienna<sup>5</sup> has been for some years using a mixture of equal parts of sulphate of quinine and washed sulphur blown upon the affected parts. The application is made to fauces, larynx and nares twice a day, both during the disease and for some days after the membrane has disappeared. For an hour and a half after the insufflation, the patient should not be allowed to take either solids or liquids into the mouth to be swallowed. Besides the local applications, the usual tonic and supporting treatment is used. He reports thirty-three consecutive cases all cured by this method. An ingenious method of treating *mouth breathing*, that annoying complication of pharyngeal and post-nasal catarrh, is reported by DR. N. R. GORDON of Springfield, Ill.<sup>6</sup> He uses a thin plate of celluloid, molded accurately to fit the teeth and gums, which is slipped in between the lips and teeth when the patient goes to bed. The lips hold it *in situ*, and it absolutely prevents the ingress of air by the mouth. The patient becomes accustomed to it in the course of two or three nights, and then wears it without inconvenience. Of course, mechanical obstructions in the nasal passages must first be removed before one can hope to cure the habit.

The method of forcing respiration by means of a bellows, so long used in physiological demonstrations, has been applied by DR. C. R. VANDENBERG of Columbus, Ohio, to cases of opium narcosis with flattering results.<sup>7</sup> He has devised a rubber "automatic forced respirator," with appropriate valves, which fits closely over nose and mouth and is attached to a bellows. The arrangement of the valves is such that when the bellows is worked the air passes into the lungs—the valves automatically providing for expiration. He reports three cases of morphia narcosis where the instrument was used. Recovery ensued in

<sup>5</sup>Med. Rec., February 8, 1890. <sup>6</sup>Times and Register, January 25, 1890.

<sup>7</sup>Med. Rec., February 8, '90.

every case, though in one case respiration had fallen as low as one per minute. Further experiments with cocil-lana by DR. R. W. WILCOX of New York city<sup>8</sup> go to show that as a means of liquifying pulmonary secretions it is more certain than either apomorpha or ipecacuanha, besides, it increases the appetite and acts to some extent as a laxative. Its special field of usefulness would seem to be *chronic dry bronchitis* (not senile) and *chronic pulmonary disease* with viscid expectoration, where, by virtue of its laxative action and the absence of nauseating effect, it is preferable to ipecacuanha.

DR. ROBERT F. WEIR of Philadelphia<sup>9</sup> has introduced a new wrinkle in the radical operation for *hernia*. He closes the ring with a bone plate excised from the scapula of a recently-killed dog. A semi-circular opening is cut out of the upper surface of the plate so as to relieve the spermatic cord from undue pressure, and several small holes are punched in the plate which is, of course, rendered thoroughly aseptic before being introduced into the wound.

Following the suggestion of DR. ROBERT BARTHOLOW, who has recommended that chloroform be injected into the gall bladder for the purpose of dissolving *gall stones*, DR. S. G. STEWART of Topeka, Kansas, has, in two cases<sup>10</sup>, injected  $\text{fd. } \frac{3}{8}\text{ss}$  of Squibb's chloroform into the gall bladder with the result of securing immediate relief. In the second case the colic recurred five days after the first injection, but a second injection was followed by a good recovery. In both cases the jaundice disappeared and the stools changed from the characteristic clay color to a natural color. Both patients had passed gall stones in previous attacks. Osmic acid in  $\frac{1}{60}$  grain doses, taken two or three hours after meals, is claimed by DR. J. H. VAN EMAN of Kansas City, Mo.,<sup>11</sup> to be of value in the treatment of *epilepsy*. Owing to the volatile character of

<sup>8</sup>Med. Rec., January 11.

<sup>9</sup>Med. News, February 15, '90.

Kansas Med. Monthly, March, 1890.

<sup>11</sup>Kan. City Med. Index.

the drug and to the ease with which it decomposes, it cannot be used in connection with other drugs. He orders it made into a mass with kaolin, put into capsules and sealed. An interesting case of *hæmoptysis*, arrested by five drop doses of a saturated solution of iodide of potassium, is reported by DR. C. P. JUDKINS of Cincinnati<sup>12</sup> before the Cincinnati Medical society. Astringents had failed. In the discussion which followed, DR. J. C. OLIVER stated that iodide of potassium was often given in hemorrhages occurring about the time of the climacteric.

## NEW BOOKS.

'A GUIDE TO THE DISEASES OF CHILDREN.' By James Frederick Goodhart, M.D., F.R.C.P., Physician to Guy's Hospital and Lecturer on Pathology in its medical school; Physician to the Evelina Hospital for Sick Children. Rearranged, Revised and Edited by Louis Starr, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania, Physician to the Children's Hospital, Philadelphia, etc. Second American from the third English edition, with numerous formulæ and illustrations. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut St. 1889. Cloth, \$3.00; leather, \$3.50.

Dr. Goodhart's evident power of observation must remind the reader of the masterly West, while the charm of his writing will recall the graphic style of Fothergill, with an added conciseness. This is an excellent "Guide," who is familiar with the devious ways of this attractive but difficult field, and points them out with skill and fidelity. The graduate will find more use for the first seventeen pages of the "Introduction" to this book than for any chapter on practice he possesses when he really goes out to practice. After reading such clear descriptions of disease he cannot fail to be so impressed with their lineaments as to recognize them like old acquaintances when they come before him.

The editor has added much to the value of the book, especially to the American reader. The brackets which surrounded his notes in the first American edition have

<sup>12</sup>Lancet-Clinic, March 22, 1890.

been removed, which makes the work appear more homogeneous. The type and binding are in the neat style of the Blakiston's.

'DISEASES OF WOMEN AND ABDOMINAL SURGERY.' By Lawson Tait, F. R.C.S. Edinburgh and England, L.L.D., M.D., (*Honoris Causa*) of the University of New York, Union University of Albany and its College of Physicians and Surgeons of St. Louis; Professor of Gynecology in Queen's College, Birmingham; Surgeon to the Birmingham and Midland Hospital for Women; Honorary Consulting Surgeon to the Brooklyn Hospital for Women, etc., etc., etc. Vol. I. Philadelphia: Lea Brothers & Co. 1889.

This book will be sought for by every physician who makes any pretensions to gynecology or attempts to keep posted on that branch, and those who get it will not be disappointed. It is one of the hardest books to lay down we have ever taken up for perusal. It is not made out of other books; it is made out of a wonderful experience in a special line, and the independence and individuality of the author are stamped on every page. It is not written like a formal text-book; it is like a narrative of the writer's own studies, observations and conclusions, and it makes some of the text-books seem very weak and tame. After a fashion which was more prevalent formerly than now, illustrative cases are introduced in profusion, which adds the charm of the clinical lesson. We shall look for the appearance of Vol. II. as for the next act in an exciting drama.

A NEW MEDICAL DICTIONARY. Including all the words and phrases used in medicine, with their proper pronunciation and definitions, based on recent medical literature. By George M. Gould, B. A., M. D., Ophthalmic Surgeon to the Philadelphia Hospital, etc. With tables of the bacilli, micrococci, leucomaines, ptomaines, etc., of the arteries, muscles, nerves, ganglia and plexuses; mineral springs of U. S., vital statistics, etc. Small octavo, 520 pages. Half dark leather, \$3.25; half morocco, thumb index, \$4.25. Philadelphia: P. Blakiston, Son & Co. For sale by P. W. Garfield, Cleveland, O.

Notwithstanding the vast growth of medical literature during the past decade, there has been no dictionary accessible to the physician and student that has kept pace with the coinage of new words and terms. The whole science of medicine has been largely revolutionized within a score of years, the growth of specialism in itself increas-

ing the vocabulary by some thousands of words; and yet the busy practitioner or student has been offered no compact, thorough dictionary to which he could turn for a definition absolutely necessary to the proper understanding of the article he might be reading.

This want, which as publishers and booksellers we have heard almost daily expressed, has led to the preparation of this work. The aim has been to prepare a hand-book of sufficient scope to include everything of use to the general practitioner and student, and at the same time to be a compact, handy volume, occupying but little space on the crowded desk, and giving the exact information desired at a quick reference. The wants of the specialist have also been taken into consideration, and the seeker after more extended knowledge will find much precise information relating to his special branch, to the etymology and meaning of words.

Concerning its aim and scope the author in his preface says that his purpose has been: "1. To include those new words and phrases created during the past ten years—a period rich in coinages—which appeared destined to continuous usage. There are certainly thousands of these, and in their compilation I have especially endeavored to cover the latest results in the study of bacteriology, ptomaines, leucomaines, electro-therapeutics, embryology, physiology, pathology, etc., and in the various special branches of medicine, such as ophthalmology, otology, laryngology, gynæcology, etc.

"2. To frame all definitions by the direct aid of new, standard and authoritative text-books, instead of making a patchwork of mechanical copying from older vocabularies.

"3. While neglecting nothing of positive value, to omit obsolete words and those not pertinent to medicine except in a remote or factitious sense.

"4. To make a volume that will answer the needs of the medical student and busy practitioner, not only by its compactness of arrangement and conciseness of definitions, but also by its convenience of size and price."

## NOTES AND COMMENTS.

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*The cause and prevention of Diphtheria.*—At a meeting of the American Public Health Association, held in Brooklyn, N. Y., October, 1889, a committee of five was appointed to report at the meeting of 1890, upon the "Cause and Prevention of Diphtheria."

With the object of obtaining the views of observers in this vicinity, Dr. Ashmun has mailed a circular with the request containing the following questions to physicians that they make such replies as time and views may indicate.

1. Is diphtheria dependent upon a specific cause?
2. If so, is such specific cause developed or preserved in other than albuminoid tissues and fluids?
3. By what media and channels does the specific cause gain entrance to the human organism?
4. To what extent is there, and what especial conditions may constitute, individual predisposition to the disease?
5. Is there reason to believe that the disease may be caused by germs, ptomaines, or products and conditions developed within the body and independent of specific causes received from without?
6. To what extent, and for what length of time, is isolation of persons affected or infected with diphtheria, regarded essential as a preventive measure?
7. What substances and methods of disinfection are regarded reliable?
8. Can disinfection be depended upon either to take the place or shorten the duration of isolation or quarantine?
9. Should hospitals and stations be provided for isolation, disinfection, and treatment of cases of diphtheria, for the protection of the public health?
10. What climate limitations are known as affecting the development and spread of diphtheria?
11. To what extent are domestic or other animals and fowls liable to diphtheria and to become sources of infection to human beings?

Replies will be received by any member of the committee.

G. C. ASHMUN, M. D.,  
Health Officer, Cleveland, O.

*The many friends* of Dr. H. H. Powell were pained to hear of the death of his wife, which occurred on April 6, Easter Sunday, in the forty-second year of her age and the seventeenth year of her married life. She left three children, the youngest being a babe of fourteen months. The funeral services took place on Tuesday. Among the many floral tributes to her memory, was a beautiful one from the medical class of Western Reserve University. Mrs. Emma B. Powell was a native of Winchester, W. Va., and her remains, which now repose in the Scoville vault, Lake View cemetery, will be removed to Winchester, and there interred in the old family graveyard.

*Physicians' Books of Account are "Privileged."*—A local court has decided that a debtor who is a physician cannot be compelled to deliver up his books of account to his receiver, who has been appointed in proceedings supplemental to execution. By the order appointing the latter acquired title to the accounts, but not to the books as well. "In the complicated affairs and relations of life, the counsel and assistance of clergymen, physicians and lawyers often become necessary, and to obtain them men and women are frequently forced to make disclosures which their welfare and sometimes their lives make it necessary to be kept secret. Hence, for the benefit and protection of the confessor, patient or client, the law places the seal of secrecy upon all communications made to those holding confidential relations, and the courts are prohibited from compelling a disclosure of such secrets. The safety of society demands an enforcement of this rule." For this reason it is held that the physician's account books, containing information which would be privileged as concerns his patients, are not subject to discovery and inspection in an action between the physician and a third person.—*N. Y. Med. Jour.*

*Pasteur Institute, New York.*—From the twentieth of February to the thirty-first of March about thirty persons came to be treated; only nine were retained: the animals who bit the others being still alive, no further infection was therefore to be feared.

Nine persons have received the Pasteur treatment and are at present in good health.

In three cases hydrophobia was experimentally shown to exist—(inoculation of the nervous substance of the dogs to other animals who died with the ordinary symp-

toms of hydrophobia) and also by this fact that in one case, a horse, and in another case, a hog, bitten by the same dogs, have since died from hydrophobia.

In six other cases, rabies was very probable, but the dogs disappeared or their bodies were thrown away without being sent to the Institute.

The patients were four from New York City, three from Long Island, one from Maryland, and one from Arkansas, of whom five were treated gratuitously.

Moreover, in order to be protected against the fatal danger of an accidental infection during the work, Dr. Paul Gibier has inoculated himself and three of his assistants.

*The Sixth Annual Meeting* of the Conference of State Boards of Health will be held at the Maxwell House, Nashville, on Monday, May 19, preceding the Annual Meeting of the American Medical Association. The meeting will be called to order at 9:00 A. M.

*General Hamilton* of the marine hospital service has been directed by Secretary Windom to make the necessary preparations for attending to the wants of sick emigrants who are at the port of New York after April 8, who may be entitled to government care.—*Med. and Surg. Reporter.*

*In our notice* last month of the National Medical Dictionary, by Dr. John S. Billings and a corps of collaborators (two volumes, Lea Brothers & Co., publishers), we omitted to mention that the price in cloth is \$6; sheep, \$7; half morocco, marbled edges, \$8.50.

*Dr. Proctor Thayer* recently resigned the Chair of Surgery, Clinical Surgery and Medical Jurisprudence in the Medical Department of Western Reserve University, and is at present sojourning in the south to recruit his health. Dr. Thayer had occupied this position for many years with an ability which will be attested by hundreds of practitioners who have sat under his teaching. All will recall his punctuality in the class-room, and the sound and practical character of his lectures, which were so hard to take notes on, and yet almost equally hard to forget, on account of the originality and aptness of his illustrations employed in vigorous English. The chair resigned by Dr. Thayer is ably filled by Dr. C. B. Parker.

—THE—  
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**ORIGINAL ARTICLES.**

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**A NEW METHOD FOR RAPID DILATATION  
OF THE UTERUS, WITH REMARKS ON CU-  
RETTING.\***

BY A. B. CARPENTER, M.D., CLEVELAND, O.

Dilatation of the uterus for the purpose of diagnosis, as well as for the removal of pathological new formations, is now an established custom. The methods for dilating are already numerous and familiar to you all.

Of the rapid methods in use up to the present time, and worthy of consideration, will be mentioned and here exhibited, the steel dilator or divulsor; this instrument with various modifications is known as Goodell's, Ellinger's, Wylie's, and Palmer's.

Of the various forms of graduated instruments mention may be made of Hank's, Fritsche's, and Hegar's.

This dilator, the Goodell-Ellinger, is one that for some purposes will serve well; as a divulsor is one of the best in use.

\* Read before the Union Medical Association of Northeastern Ohio, May 13.

These hard rubber ones are Hegar's and will prove fairly satisfactory ; there are, however, objections to both of these instruments, presently to be described.

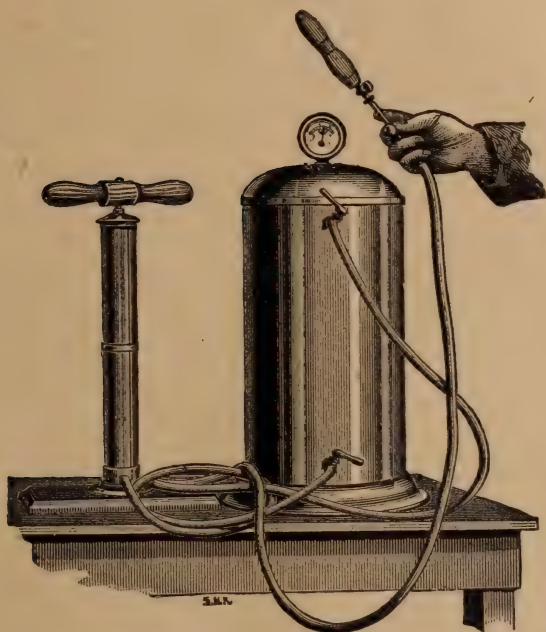
Under the head of slow methods the various forms of tents are here shown. I never use them for fear of septic complications, also on account of the pain they cause the patient, and believe them inferior for this reason.

The objections to the use of divulsors are, the divulsor dilates laterally and if the uterus is to be dilated to any considerable extent, not a little injury is done to the canal, and the patient suffers pain, and not infrequently inflammatory complications in the region of the broad ligaments follow.

When the graduated dilators are used the cervix should be seized with a volsellum and held firmly while one after another of the instruments are introduced. This procedure must be carried on slowly, and yet with all the care possible, the internal os, and, in fact, the entire uterine canal, is considerably bruised, and the patient suffers from pain and discomfort during her convalescence and is liable to broad ligament disturbances.

The new method to which your attention is invited to-day is designed mainly for hospital use, and consists of a series of soft rubber dilators rather firm and unyielding to ordinary pressure, yet with the means employed easily managed. Compressed air in this receiver is made use of, so that a pressure of fifteen to twenty pounds is brought to bear ; the dilator, beginning with the lowest number, is introduced, the air turned on for two or three minutes, when the next larger size is placed and the work carried on until the organ is dilated sufficient for the case in hand ; if the dilatation is for the purpose of diagnosis, or for the removal of small sub-mucous fibroids, the largest size and here shown, will have to be used ; if simply for curetting, the medium number will be quite sufficient. I now have ordered three larger numbers to be used in puerperal eclampsia where speedy delivery is required.

The advantages claimed for this method over others now in use are: *a*, the rapidity of the work; *b*, a nearer imitation to nature; *c*, an even dilatation in all directions; *d*, the slight injury to the parts; *e*, ease of accomplishment.



To best illustrate the application of this method, as well as to emphasize the necessity of dilatation for diagnostic purposes, a case in hand is here reported: Mrs. M—, aged 23; menstrual period first appeared at ten years, was never free from a show, and was always obliged to wear a napkin; at the age of 17 she met with a severe accident which confined her to bed for eleven months; during this time the flow ceased entirely, but upon assuming her former active life the hemorrhage again appeared and has continued ever since, with the exception of three months following a curetting.

Four years ago she consulted a prominent gynæcologist, who told her that she had a small fibroid the size of a pigeon's egg in the walls of the uterus, and that it was causing the flow. He, however, made his diagnosis entirely from a digital examination. This poor woman had been in the hands of doctors all of her menstrual life, yet no one had ever dilated her uterus in order to make a diagnosis; this was insisted upon when she came to me. The canal was dilated sufficient to admit the index finger and resulted in finding *no fibroid*, but a *large mucous polypus* growing from the fundus. She had had two curettings previous to her visit to me, but dilatation only sufficient to admit an ordinary curette was made; the case was one of great interest, and served to impress me still more of the necessity of dilating in long standing or obscure cases, before making a diagnosis. The new method was made use of in this case, and the patient convalesced with scarcely a pain during the days immediately following the operation.

This woman should have been given an anæsthetic years ago, subjected to a thorough dilatation, a diagnosis made and the cause of all her trouble at once removed; it would have not only saved her years of discomfort, but a large sum of money as well.

The history complete of her case as she gave it to me, the different physicians, quacks and old women that she had consulted would be interesting, but too long to give at this time.

#### CURETTING.

This subject will be considered under the following heads:

- (a) When not, and when, to curette.
- (b) What forms of instruments to use.
- (c) The general technique of the operation.

*Never* curette when pelvic cellulitis or exudate is present.

*Never* if ovarian or tubal disease is diagnosed.

*Never* before a dilatation is made if the case is an obscure one, or of long standing.

#### WE ARE JUSTIFIED IN CURETTING,

*When* menorrhagia or metrorrhagia of considerable duration is present.

*When* subinvolution accompanied by persistent leucorrhœa is present.

*When* sterility is complained of we should not give up the case until curetting has been tried, providing we have satisfied ourselves that the trouble is not with the husband.

*When* dysmenorrhœa is present, certain forms will be relieved by the curette when all other means have failed.

*When* amenorrhœa, accompanied by a non-development of the uterus, a gentle curetting, followed in a few weeks by the introduction of a galvanic stem pessary, will, in some cases, accomplish all that is desired.

In some cases of long standing, a properly adjusted pessary will, by lifting the organ up and thus permitting a freer circulation, relieve a case of menorrhagia that has resisted vigorous therapeutics for months.

It is not my purpose to enumerate every condition for which this instrument can be used, but to call attention to a few of the more important troubles that may be relieved by its judicious application.

#### THE SHARP AND DULL CURETTE.

So much is said for and against the use of the sharp curette that a few words in regard to its use may not be out of place. It is, no doubt, if improperly used, an instrument capable of doing great harm.

It is well to begin the operation with the blunt variety and finish with the sharp one; the sense of touch that is conveyed to the hand of the operator by the latter instrument can be secured by no other so distinctly.

This large spoon will be found very useful in cases of incomplete abortion; it should be followed, however,

by the sharp curette, to make sure that all of the placenta has been removed. The curette in this class of cases is much safer and causes the patient less pain than the finger; convalescence, besides, is much more rapid and satisfactory.

#### GENERAL TECHNIQUE OF THE OPERATION.

A case that requires curetting requires an anæsthetic. This gives the operator complete control of his patient, and enables him to more thoroughly go over every part of the interior of the uterus; it also enables him to thoroughly determine when the work is complete.

As soon as the patient is under the influence of the anæsthetic she is to be placed in position, and this is an important point; a position that will be found very satisfactory is one used by Martin, and is illustrated in his most excellent work.

It is not necessary, however, to draw the organ down so far; equally good work being accomplished by less traction.

The vagina is next thoroughly cleansed with hot sublimate, 1-3,000; the uterus then dilated sufficient for the case in hand, and the interior irrigated with the same antiseptic.

It is well to choose some point to begin work upon, and proceed carefully over the entire surface of the cavity, not forgetting to reach the fundus and remove anything found there.

The work should be alternated with the irrigator and all of the débris entirely washed out; the cavity is next dried, then Churchill's tincture freely applied; upon the observation of this point depends, to a considerable degree, the success of the operation; an opium suppository placed in the rectum will give relief for several hours, after which, in many cases, no more anodyne whatever will be required; opiates tend to check secretions, and should be sparingly given. One point more to which your attention

is particularly called regarding the after treatment, and that is drainage ; not a few cases of curetting have turned out badly and disappointed the operator when there was nothing at fault except the drainage.

Cases that have been curetted have to be watched, and if we discover that the lochia has disappeared we should at once place the patient in position, insert a speculum, then with an ordinary Simpson's sound gently open the canal. A dark, foul smelling fluid will run out, and the patient will be saved an attack of septicemia ; the irrigator should then be used, and to prevent a repetition, a narrow strip of iodoform gauze may be introduced and left in place for two or three days, then removed, and no further trouble will be experienced.

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## THE TECHNIQUE OF INTESTINAL SURGERY.

BY F. B. ROBINSON, B.S., M.D.,

Professor of Anatomy and Clinical Surgery in Toledo Medical College,  
Ohio.

For a thousand years men have been attempting to use a *Technique* for the restoration of the fæcal circulation and the alimentary canal to a normal condition. Through all these generations scarcely a sign of progress was observed. The 12th century sees the London surgeons and the Paris masters introducing "elder pypes in the guttes, under the seme, that the seme rotte not." History records the use of cylinders of dried intestine, wax, bone and tallow to aid in uniting the wounds of the intestines. Ferrules of metal and the tracheas of animals were also employed. All these substances were expected to be absorbed or passed by stool after the gut wound had healed. Medical literature is simply a record of unobstructed deaths from intestinal obstruction through all past ages. Since the time that Wölfler of Vienna per-

formed the first gastro-enterostomy in 1881, intestinal diagnostics and technique has sprung up almost as a new branch for both physicians and surgeons to cultivate. The last decade has demonstrated from a reliable source that circular enterorrhaphy is an unsafe operation even in the hands of the most expert. Hence arose the idea of anastomosis from the natural suggestions of bimuscular fistula, artificial anus and gastrostomy, all of which were compatible with life. The old operation for anastomosis was so appallingly fatal that the boldest surgeons recorded but few. The fatality of the old operation depended first on the length of time consumed, and second, on the number of stitches required in the limited amount of functionally active tissue, often resulting in gangrene or fæcal fistula, which invited peritonitis to end the scene. Thus results impelled men to seek new technique and methods. For anastomosis the first improvement was the suggestion to produce fixation of the intestinal walls, so that their serous surfaces would lie in apposition without much suturing. The idea came from Dr. Connell of Milwaukee, Wisconsin, in the form of perforated discs or plates. This was successful, but it remained for that original genius, Prof. Senn, to discover and place before the profession an absorbable perforated plate. This Dr. Senn did, well tested by animal experimentation.

Three years ago I began a series of experiments on the intestines of animals with the object of testing what I could do with the healing of gut wounds. After long and tedious trials on various-sized dogs I abandoned the operation of circular enterorrhaphy for the following reasons:

1st. It paralyzes the segment of gut and will not aid the passage of fæces from loss of peristalsis. Thus the great object of the operation, which is the immediate relief of the obstruction, is lost.

2nd. Circular stricture followed with some dogs, narrowing to one-third or one-half the original size of the gut lumen.

3rd. The lumen of each gut is often of unequal size, and therefore difficult to safely unite.

4th. The essential part of the operation is time, which is generally forty-five minutes to an hour, using twenty-five to forty interrupted Czerney-Lembert sutures.

5th. Fæcal fistula is apt to follow from gangrene of the gut tissue, caused by the numerous sutures.

6th. The gut is in a pathological condition due to injuries from the obstruction. With its impaired physiological functions—especially nutrition and circulation—does not readily unite.

For the above practical reasons I discarded the circular enterorrhaphy and cultivated especially that of anastomosis, which I think is destined to supersede almost all others in general intestinal surgery. I have experimented with about eighty dogs and have given the following named material a fair and faithful trial.

Every dog was carefully *post-mortemed* to observe results. The results of these eighty experiments have convinced me that the rawhide perforated plates which I have introduced are the safest, most suitable and accessible yet used for this work. Plates are generally better than rings, as they coapt a wider and more even serous surface for healing purposes and especially produce fixation, and consequently physiological rest.

1. The decalcified perforated bone plates of Professor Senn. The trials with these gave excellent results; absorption took place in from four to seven days. The nearer the stomach the anastomosis was done, the quicker the discs were absorbed. Sometimes less than three days would absorb one in the stomach. These plates were made from the tibia of an ox, by sawing them two and one-half inches long, one inch wide and one-fourth inch thick. A diamond-shaped hole was cut in the centre one-half by three-fourths inches. It required from ten to fifteen days to prepare them by the use of HCl. In drying they will warp unless due care is applied. The criticism due these plates is the length of time required to

prepare them, the liability to warp and the necessity of having various-sized plates to fit various-sized intestines, as one cannot cut them easily when well dried.

2. Catgut rings and catgut mats. Dr. Abbe of New York has suggested the use of catgut rings, and Dr. Davis of Birmingham, Alabama, experimented with what he termed catgut mats. The modification is so slight that both of these means may be considered as one. The test with these methods gave good results in general; but the mat and ring do not give that essential condition—fixation and physiological rest—and are apt to yield or absorb too soon, resulting in faecal fistula. The ring and mat can, however, be easily and rapidly made to fit any sized gut under operation. The disadvantage of the mats is that they are apt to get hopelessly tangled. The soft or yielding catgut does not keep the bimucous fistula wide enough. The results after the use of catgut mats or catgut rings is that the newly-made opening or artificial fistula is contracted and often too small. My experiments showed in the autopsies that the contracted artificial fistula would undoubtedly result in serious difficulty to the animal; that accidental obstructions would occur periodically from indigestion or imprudent eating. It would appear from records that Dr. Matas of New Orleans has some share of originality in suggesting the use of these means for intestinal anastomosis.

3. Dr. Brokaw of St. Louis added another improvement to the technique of intestinal operations when he devised and put to the test his segmented rubber rings, held together by strands of catgut. I have used these in a large number of experiments. The results were generally good. I modified them by substituting for the deer catgut single or more strands of rawhide or sheepskin (as found in shops) strands. These modifications answered just as well, as was distinctly shown by the autopsies. These segmented rubber tube rings are an excellent device for anastomosing intestines or for performing circular enterorrhaphy or even gastrostomy. The number of rub-

ber segments which I finally concluded did the best in the experiments were six. To this six-segmented rubber-tubing ring were attached six linen sutures armed with six ordinary milliner needles.

These rings can be readily formed and enable one to do rapid operations, and they give quite firm fixation after being tied together. They also keep the bimucous fistula of the intestinal walls patent. The artificial fistula is kept open by the expanded rings, with an amental graft, severed or unsevered ; well applied, they are very safe in most cases. The criticism to offer on the rings, after considerable trial, is that they do not coapt and hold coapted enough serous surface of the gut. Autopsies showed that the healing of the serous surface of the intestine took place just in circular form, corresponding to the coaptations of the rings. The strength of the adhesions lessened with the distance from the immediate adjacent sides of the rings. Another more serious feature was that quite a number of times the dogs died from fæcal fistula, caused by the ends of the rubber segments sloughing through the gut. This, of course, was caused by tying the sutures too firmly, but it happened when we had observed that the sutures were not so firmly tied. The constant elastic pressure of the rubber segment had caused gangrene of the gut. In some dogs, one, and in others, several, fæcal fistulæ existed. The rings are very useful and convenient in intestinal work, and Dr. Brokaw should be congratulated on his device, for it has a future.

4. We will now describe the material which we consider the safest, most suitable and also easily accessible yet given to the profession. I have never seen a recorded experiment with them except my own. I have now given them a long and crucial test, and would prefer to trust them over any other plate. To make these *rawhide plates* take the green hide of an ox and simply shave off the hair. Then cut the plates two and one-half inches long and one inch wide. Perforate the plate by a diamond-shaped hole one-half by three-quarter inches. Now attach to this plate

six linen sutures armed with six milliner needles, and it is ready for use. These plates, of course, are soft and will not give fixation so well as stiff plates. A still better plan is to shave the hair from a green ox hide and then dry it. This will shrink, thicken and stiffen the hide, from which the best plates in the world can be made. The plates can then be cut to suit the size of any gut under operation. Our experiments also demonstrated, as was shown by the autopsies, that six sutures armed with six needles did better work than a less number. Dr. Senn's original plate had only four sutures, and only the lateral sutures were armed with needles. The intestinal anastomosis from these rawhide plates shows excellent results. The union of the serous surface of the guts is firm and broad. These plates present broad serous surfaces, and when coapted press evenly in all directions. No points jut out to gangrene the wall of the gut. They can be made three inches long and project considerable distance up and down the gut on each side of the anastomosis, thus giving the greatest possible fixation while healing. Stiff, hard, thick, dried rawhide will give all the fixation any gut requires to heal. Such plates will absorb in from three to eight days, depending mainly on the position the plate occupies in the alimentary tract. A rawhide plate to be used in the stomach should be thickened by drying and taken from a thick part of the hide. I have repeatedly used ordinary belt-leather which did not have a very large amount of tannin in it, and excellent results followed. But the rawhide with the hair shaved off gives the best kind of results. These plates, I think, are superior to rings, as they produce the most extensive coaptation of serous surface, with the most firm fixation and consequent physiological rest. They are less absorbable than catgut and therefore safer.

When these plates are used for anastomosis, and an omental graft, severed or unsevered, is well applied around the whole and stitched down to the mesentery, it is as safe as any other wound. A large number of carefully-con-

ducted experiments with equally careful autopsies has convinced me that a plate should be made of such material that it will keep the walls of the gut in coaptation for at least five days before its dissolution causes it to cease its pressure. When the dried, stiff rawhide plate is inserted in the gut it will swell a little in a few hours, and thus tighten the coaptation, which being scarified and the peritoneal graft scarified and well applied produces the safest results. Sometimes a few over and under stitches were applied to the lateral side of the plates, to insure coaptation of the serous surface of the gut.

The peritoneal graft sewed to the mesentery, generally with four linen sutures, often proved the salvation of the animal's life. The artificial fistula or bimucous fistula thus formed by the intestinal anastomosis almost always contracted from one-third to one-half its original size. In nearly every case the circumference of the bimucous fistula felt just like a natural sphincter. It appears that the periodical dilatation and contraction caused by the irregular passage of food and flatus made the rapid evolution of a sphincter. Such openings are elastic. Such is the modern technique of intestinal surgery.

This paper is the result of three years' experiments on some eighty dogs. My experiments soon convinced me that material used in anastomosis must be convenient, accessible and properly absorbable. All this I claim for rawhide plates. I have tried to give all methods a fair and impartial trial, as I am fully convinced that intestinal technique requires, to be perfected, original investigation based on animal experimentation. It is the only royal route to success in this neglected field.

REPORT OF A CASE OF DOUBLE EMPYEMA,  
WITH A FEW REMARKS ON SAME.

BY DR. D. S. HANSON, CLEVELAND, O.

In looking for some light in managing the case reported below, I had occasion to consult quite a number of authorities, such as Pepper's 'System of Medicine,' Reynold's 'System of Medicine,' Flint's 'Practice of Medicine,' Ziemsen's 'Encyclopædia,' Keating's 'Encyclopædia of Diseases of Children,' J. L. Smith's 'Diseases of Children,' Norman Porrett's 'Intrathoracic Effusions,' and several works upon surgery, and nowhere have I been able to find a word regarding above disease. Ziemsen says that double pleuritic effusions are generally fatal because of tubercular origin, and nowhere else do we find even *double effusions* spoken of. Such being the case, a record of our case could hardly be uninteresting.

From the teachings of physiology, one would certainly believe that a person could not live with a free opening into both pleural cavities at same time with a free ingress and egress of air during respiratory movements through both openings, yet such was the unmistakable condition here; how much pulmonary or pleuritic adhesion helped to keep lungs from collapsing I am unable to tell.

Among the causes of death in pleuritic effusions, Ziemsen mentions double effusion and discharge of pus into bronchus, with or without pyopneumothorax. Both conditions existed here, but without the pyopneumothorax.

On February 25, 1890, I was called to see E. C., a student, aet. nineteen years; had a good history up to the present sickness; parents both alive and healthy. He had an attack of influenza about seven weeks before I first saw him, followed by what was diagnosed as pneumonia, but history not quite clear on last point. No rusty expectoration was ever noticed, but a continuous high fever existed for a number of days with cough, but no

great pain. At my first visit his temperature was normal, pulse 120, respiration 32; tongue clear, but narrow and red. Patient was thin, anæmic and confined to bed; was coughing considerably, with free expectoration of mucopus. On physical examination of chest, flatness, with absence of respiratory murmur, was present over back of both lungs as high as middle of both scapulæ, slightly higher on right side, the line of flatness running obliquely downward and forward, so that the front of lungs was not greatly infringed upon. The area of flatness was not at all changed by changing patient's position. Diagnosis, pleuritic effusion, circumscribed, and from the entire absence of fever, non-purulent. Ordered blister, iodide of potas. and nourishing diet. Same line of treatment was pursued for nine days, with no apparent change in amount of effusion or condition of patient, excepting an evening rise of temperature, a tendency to diarrhœa, with increased redness of tongue and emaciation. Concluding that the effusion was purulent and was producing pyæmia, I inserted a hypodermic needle and found pus in left side, but could reach no fluid in right, although satisfied of its existence. In the afternoon of same day, I called Dr. D. P. Allen and Dr. Wooldridge, with the view of draining one or both sides. Dr. W. gave an anæsthetic (chloroform), which caused such great cyanosis that nothing more than aspiration could safely be attempted. We withdrew about one pint of pus from right and one-half pint from left side, when some bloody pus appeared from latter, causing us to desist from further interference. We hope his condition would improve after this, so that free drainage could be secured in a few days. But no improvement took place, excepting cough diminishing greatly, with lessened pus, but some blood in material expectorated. Temperature a little higher for next three days, when, with the assistance of Dr. Wooldridge, on the morning of March 9, I introduced a trocar in right ninth intercostal space a little posterior to axillary line, enlarged opening with scalpel and washed out pleural cavity with

boiled water and drained with end of large gum elastic catheter and dressed wound antiseptically. Gave no anæsthetic. Cavity contained what we estimated to be one-half pint of pus. Discharge from cavity not great, and after first dressing almost entirely creamy pus. Patient made little or no improvement, excepting cough almost entirely ceased after this operation, and on March 15, we, assisted by Dr. W., again aspirated left side, but could only obtain one-half ounce of pus. After this, temperature remained between 99 and 100° F. until March 20, otherwise no material change, exhaustion increasing. On the latter date, with the assistance of Dr. W., we operated on left side precisely as on right side, in ninth intercostal space slightly posterior to axillary line. Used tracheotomy tube for drainage.

The discharge from this side was much more profuse than from the right, and consisted of sero-pus tinged with blood. Dressings were changed twice daily. On March 23, changed tubes for hard rubber tubes with a flange (which were beautifully made by E. M. Hessler); drainage was perfect from both sides, and the air whistled through tubes freely while changing dressings. Respiration was little embarrassed at first, but gradually grew shorter and more rapid, spells of dyspnœa coming on, so that it was necessary to fan him, etc. Evening temperature after last operation was not below 102° F., until the evening of March 27, when it became imperative to close openings to relieve the great and increasing dyspnœa. I called Dr. C. B. Parker at this time. We washed out cavities with creolin, 1 to 600, and closed the openings with iodoform gauze and adhesive plasters, so that no air could enter—drainage had been so perfect that almost no pus was washed out—hoping temperature would go down and that it would give us a guide when to again wash out cavities. In this we were disappointed; temperature remained about the same. I again washed both cavities with same solution, 1 to 400, on March 29 and 31 and April 3, but very little improvement took place in

the respiration; pulse became more rapid; emaciation became extreme, and on the morning of April 5 he had a paroxysm of vomiting, became collapsed and died.

Especial difficulties existed in the way of stimulation and nourishment; the former produced a feeling of weariness, weakness and languor that was unbearable, and animal foods, excepting milk, were repugnant to him even in health.

My patient's grit and fortitude were remarkable; the only complaint made was against the use of an anæsthetic. No *post-mortem* could be obtained.

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## SYNOPSIS OF A "REPORT ON PROGRESS IN DISEASES OF CHILDREN."\*

BY S. W. KELLEY, M.D.

### ANATOMY.

In anatomy I shall only note that Dr. Wm. S. Bryant reports the discovery of valves in the portal veins in the majority of infants examined, and that valves in the veins of the intestines of children have also been found.

### PHYSIOLOGY.

Mention must be made of the experiments upon sheep by Cohnstein and Zuntz in regard to the establishment of respiration in the newborn. They confirm the accepted theory that the stopping of the placental circulation causes venosity of the blood, the gases of which stimulate the respiratory centre to act; but they further state that the entrance of amniotic fluid into the nostrils will inhibit the respiratory movement. In the adult it is well known that the contact of the fluids with the nostrils will inhibit respiration for a length of time, giving the "diving reflex"

\* Presented at the March meeting of the Cuyahoga County Medical Society.

which is most marked in aquatic birds. These authors show that the newborn child reacts in the same way. The practical teaching of this observation is to *clear the nostrils* as one of our aids to establish respiration.

#### OPHTHALMIA NEONATORUM.

According to the Mules prize essay, there are four varieties of contagious ophthalmia—diphtheritic, gonorrhœal, purulent and catarrhal, the last three being grouped under ophthalmia neonatorum. The infection is said to take place not so much while the head is in the vagina, the eyes being there held shut unless opened by the examining finger of the *accoucheur*, but during its passage through the external orifice, the margin of the perineum slipping into the palpebral fissure. After duly discussing the symptoms he comes to treatment, which he divides into preventive and curative, and enumerates the following rules as the physician's duty: "First, cure of all cases of chronic vaginal discharge before labor by suitable local applications. Second, irrigation of the vagina during the second stage of labor when vaginitis is known to exist. Third, by assisting foetal eye to pass beyond the perineal edge without resting. This is easily done by hooking the finger around the perineal edge and drawing it down." (He does not say anything about preventing laceration of the perineum at the same time by detaining the head till the perineum stretches, or by supporting the perineum and pressing it forward; but then he has got his eye on ophthalmia neonatorum, and that is what he is writing about.) "Fourth, by wiping the eyes with a clean cloth at birth of head. Fifth, by instilling an antiseptic solution into the child's eyes at birth, *if the mother is known to have vaginal discharge*. Sixth, never wash the face in the water in which the body has been cleansed. Seventh, to retain one sponge or flannel for the child's face, and to insist on scrupulous cleanliness. Eighth, the nurse to wash her hands after adjusting the mother before touching the

child. Ninth, not to unduly expose the child to bright light, draughts, etc. Tenth, to protect the child from flies with a thin veil. Eleventh, to carefully remove the child from the immediate vicinity of another similarly attacked. Twelfth, to guard the one eye if the other is affected. Thirteenth, to print and diffuse through every family such aphorisms as are advisable and are easily understood. Fourteenth, to specially instruct all nurses and individuals in these rules, and to point out to all medical practitioners the necessity of seeing them carried out in their entirety." Verily the duties of the doctor are on the increase. The principal treatment advised is by solutions of five grains or ten grains to the ounce, applied with camel's-hair pencil. He also uses eserine, five grains per ounce. These are applied every morning, and in severe cases also at night. The nurse is to constantly cleanse the eyes and use weak solutions of alum or boracic acid, with cerate to edges of lids.

Dr. Bell says that seventy-two per cent. of all the blind in England are so from ophthalmia neonatorum, and calculates that the whole cost of treatment for all England would be but thirty pounds annually.

Dr. Howe of Buffalo (Medical Society State of New York) estimates the rapid increase of blindness through ophthalmia neonatorum, and advises Crede's method of treatment, two per cent. solution Arg. Nit., and a law requiring all midwives to report all cases of ophthalmia to a physician, rightly attributing a large share of the bad results to their failure to do so.

#### CONSTIPATION.

In a word, usually due to error in feeding, lack of water—too much starch—lack of sugar, and best cured by correcting diet.

There is nothing essentially new, but a good deal is said about glycerine injections, an old remedy revived; dose five to fifteen minims—thirty to forty minims or  $\text{ʒi.}$ ,

thirty minims when used in suppositories. Soap makes the best suppository with glycerine. Sabbotic claims that it acts only when the rectum contains feces and is unable to produce peristalsis of the upper bowel. E. R. Mayer says that it acts on the upper bowel. Anyway, practically we know that it is efficient and does not lose its effect by repetition.

#### SUMMER DIARRHŒA.

Prevention of among infants, viewed in the light of the lesions. Dr. L. E. Holt called attention to lesions amounting to an entero-colitis, commonly found in feeble children after dyspeptic catarrh and diarrhœa had existed for a short time. Autopsies had shown in nineteen out of fifty-seven cases enlargement of solitary follicles with softening at their summits, which soon resulted in a large number of small round ulcers. It was an affection of the lymphoid elements in the intestinal tract. Best prevention to use milk free from the germs of fermentation.

#### MILK.

This is the subject that seems to sour everybody that has anything to do with it, and leads to many long-winded discussions. I believe, as a rule, the general practitioner has learned to skip the chapter on milk and the diet of infants, etc., important as it really is. There is no doubt that sterilizing milk is a useful means, but the apparatus usually recommended, Soxhlet's, is too expensive; costs \$5.00. It is patented. Seibert of New York has devised and caused to be manufactured a cheaper and simpler, though quite as efficient, sterilizing apparatus, costing but one dollar for the set of six bottles with rack. He will not patent it.

Escherich was the first to call attention to this deficiency in precise regulation of the quantities of food given to infants, and arranged elaborate tables of proper

quantity according to age. Then Pfeiffer, who has been most exact, weighed his own infant before and after nursing during a whole year, but gives the results according to the age of the child. Seibert has proceeded upon the principle that "the weight and size of infants of the same age vary as do their faces, and hence necessarily the capacity of their stomachs also," and his bottles for sterilizing milk and feeding are stamped with the amount to feed according to the weight of the child, and how often to feed it.

#### NEW REMEDIES.

Antipyrine and antifebrine have been very successful in chorea. This leads me to mention that in the list of four dozen remedies for chorea, I see no mention made of potassium iodide, which I find very useful, often combined with small doses of Dover's powder (or syrup of Dover's powder), particularly in those frequent cases where chorea follows rheumatism.

Antipyrine is also claimed to be very useful in whooping-cough, but the most useful application of antipyrine and antifebrine in children's troubles is where fever produces spasms. In those sudden attacks the cause of the outbreak is not always at first discoverable by the most searching examination; but we have spasms with high temperature; perhaps later one of the exanthemata will develop. Some children take spasms on the slightest rise of temperature from any cause. In these cases the antipyretics are temporarily very useful.

This reminds me that Dr. Alex. Collie has written a commendable paper, urging us to regard febricula with great suspicion. It is really a disease of whose nature we are ignorant, by reason of its mildness, and that sequelæ do not always follow severity, but mildness of attack. Scarlet fever is often diagnosed by nephritis, which follows, and enteric fever has been unrecognized until perforation. Febricula may be a mild form of small-pox, of scarlet fever

and some other infectious diseases. The temperature of the disease is one thing, the nature of it is another. Do not measure severity by the thermometer. Regard with great suspicion till you make out diagnosis.

#### LAVAGE.

Lavage is now recognized as a useful procedure in abnormal fermentations in the stomach and in dilatation of that viscus. It is practiced upon children from a few weeks of age upwards. Time forbids an account of details.

#### GAVAGE.

Gavage is recommended by Paul Le Gendre, by the method used by Tarnier. The only apparatus is an India rubber catheter, No. 14 or 16, with a small glass funnel attached, through which is poured milk drawn fresh from the breast. Remove the tube quickly, so the milk will not return. Place the child in the incubator. Increase the quantity in twenty-four hours. Give the breast, when the child is strong enough, alternately with gavage. By this means he hopes to be able to rear children born as early as the sixth month.

#### INTUBATION.

The recoveries after intubation and tracheotomy are not very materially different (highest I have seen claimed after intub., thirty-one per cent. ; highest claimed after trach., twenty-eight per cent.). Both operations may be attended with much difficulty, and occasionally with danger (pushing down membrane in intub.). Both are liable to complications (however, pneumonia by food passing through tube has not been verified by autopsies); both have advantages and objections. It is fair to conclude, so far as we have advanced, that intubation is to be preferred in very young children, and in those cases so situated that skilled assistance cannot be obtained for the operation, and where a skilled nurse cannot be had for subsequent treat-

ment (common experience that poor *after treatment* in tracheotomy is to blame for the failure of recovery). Perhaps, in nearly all cases, intubation should be tried at first, and then, if membrane extends into trachea, advise tracheotomy; besides, intubation is bloodless and does not frighten parents. Where loosened membrane is pushed down before tube, tracheotomy should be at once performed, unless membrane is expelled by coughing. (Removal of membrane by forceps, as recommended by Waxham, not advised by the majority who have tried it.)

The great trouble of feeding caused by food entering the tube is avoided by a method suggested by Carey and proven good by Casselbury of Chicago, simply by placing the patient on an inclined plane, head downwards, while feeding.

#### HERNIA.

In the third Lettsonian lecture, which was delivered by Mr. Edmund Owen, at the meeting of the Medical Society of London, February 3, a novel truss was recommended, instead of the spring truss, for inguinal hernia in tender infants. The method has been first accurately described by Mr. Lind, and originally suggested by the late Mr. Coates of Salisbury. A skein of Berlin wool should have the loop laid over the emptied inguinal canal, the other end being carried across to the abdomen above the crest of the illeum of the sound side, across the back and then forward around the crest of the illeum on the ruptured side. The end is then passed through the inguinal loop and carried down inside the thigh, backward and upward across the buttock, to be firmly secured to that part of the skein which is already fast above the great trochanter. The advantages of this truss are, that average skill and care can apply it efficiently, that the child can be washed with the truss on, a fresh one being afterward applied, that there is no fear of making the child sore or of hurting him. I may mention that I have been accustomed to substitute the straps of the spring truss, espec-

ially the perineal strap, sometimes, also, in fat-bellied children, the aboriginal strap, with elastic rubber tubing of the thickness of a lead pencil. It is less easily soiled and more easily washed than leather straps, does not get stiff and hard by wetting, and there are no edges to irritate the skin, and is no trouble to make or fasten to the truss. The perineal portion is applied by simply cutting a slot longitudinally near one end of the tube, the slot is slipped over the end of the spring and around the portion of the spring above the trochanter of the ruptured side. The tubing is thus brought forward beneath the thighs up to the pad of the truss, cut off the proper length, a small slot cut through both sides of the tubing for a button-hole, and buttoned on.

#### MENINGOCELE.—NEW TREATMENT.

I shall close this imperfect report by describing a method of treatment for meningocele, which, so far as I know, is entirely new. Allow me to relate a case. In February, 1889, I was invited by Dr. J. A. Heath to see a child which had been born, under his care, of German parents, a few days previously (February 5). Dr. Robert Bailey was also present by invitation, and together we examined the case. It presented a tumor of nearly the size and shape of the child's head and attached thereto by a thick pedicle at the occipito parietal junction in the middled line. From the root of the nose backward, the diameter of the head and tumor was eleven and a half inches. Of this, the head measured six inches, the remainder being tumor. The covering of the tumor had the color and appearance of the scalp, with thin hair; was evidently filled with fluid. The walls of the tumor were of the thickness of the scalp and dura mater somewhat thinned by distension as well as we could judge, and no solid body could be made out to project into the tumor from the skull, although there was a large opening, the bony margin of which could be felt around the pedicle. In short, it was a meningocele. We desired to secure a

photograph, but the parents were very sensitive about it and dreaded notoriety. In fact, it was getting noised around the neighborhood that a wonderful double-headed baby had been born, and it was only the commendable prudence and firmness of Dr. Heath in dealing with the newspaper men, who quickly gathered to the scent, that prevented the public from being regaled with another "devil kid" sensation, such as occurred a short time ago. We left the case to nature for the time, and saw it again three weeks later. The fluid had increased and distended the tumor till bursting seemed imminent.

We advised that something be attempted for its relief, but our warning that otherwise death was almost certain, seemed not unwelcome to the afflicted parents, who would not consent to interference. You know the usual termination of such cases is bursting of the tumor, convulsions and death. More rarely after the bursting of the tumor, the child survives until meningitis has had time to develop and then end in death. A few exceedingly rare cases have been recorded where recovery took place spontaneously after the bursting of the meningocele, but they are so rare as not to count. The general termination of such cases left to nature is death. Occasionally ossification may occlude the opening into the cavity of the skull and the tumor decrease, or the pedicle may narrow up to complete separation from the canal cavity. Various methods of treatment have been used, such as tapping or aspiration, or injecting the sack with certain drugs (for instance, iodine), or by injecting the wall of the tumor with similar drugs—or by compression by bandaging or strapping, or by amputation of the tumor, or by the application of irritating or alterative ointments.

But puncture even with a small aspirating needle has often caused fatal convulsions or been followed by meningitis. Compression has caused ulceration through or obliged one to desist by driving the fluid into the cranium, or has caused convulsions, or of the expansion of the skull like hydrocephalus. Injection with the view of producing

shriveling of the tumor has caused fatal inflammation, and seldom effected anything else. Since antiseptics, amputation has succeeded in a few instances, but like all the other methods is only resorted as a forlorn hope.

After a few days more we saw the case again. The sack was ready to burst, the walls were thin, looked almost transparent, and a fine meshwork of blood vessels gave it a red color. It would remind one of those toy rubber balloons, so tense and so thin-walled, and made one fearful to handle it, lest it burst at the pressure of a finger like the bag of waters during a labor pain.

Something must be done, and the parents consented to anything not operative. Dr. Bailey suggested that we apply pure glycerine to the tumor and remove the fluid by exosmosis. We applied the glycerine by saturating absorbent cotton with it and covering the tumor. But as the tumor reduced we must hold what we gained and at the same time allow the water exuded to drain and evaporate away. So, at my suggestion, we held the cotton soaked glycerine in place by a woven elastic roller bandage, which allowed of drainage and evaporation and did not slip. The dressing was changed once in a few days to a week, the patient living in an out of the way place and not being attended to as often as should have been. But even with casual attention, there was marked improvement from the first application onward. The tumor's walls thickened up like wet buckskin, became more opaque and decidedly less distended. In a month more the tumor was decidedly flabby and its covering thick, strong and scalp-like. The people then moved to a greater distance and the child was seen by its trio of doctors only once in a couple of months, but the treatment was kept up, after some fashion, the dressings being made by the parents at irregular intervals. Notwithstanding, at the age of a year the tumor had reduced to a fleshy or fibrous-feeling, purse-like mass, projecting a finger length from the head, and less than two inches in

diameter. The child had grown and seemed quite bright, and we hope that unless hydrocephalus develops, or some intercurrent disease cuts short the experiment, to reduce the tumor to such a size as to be hidden by the hair or at least to a condition that the cure can be completed by galvanic puncture or amputation. The safety, the ease and efficiency of this method of treatment in the condition described transcend anything which I have yet seen or read upon it, and I am anxious to see it tried further.

I thank you for your patient hearing.

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EDITED BY A. R. BAKER, M.D., AND S. W. KELLEY, M.D.

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## EDITORIAL.

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### NATIONAL MEDICAL COLLEGE ASSOCIATION.

THE first meeting of this association was held at Nashville, Wednesday afternoon, May 21, 1890. There were ninety-five delegates present, representing fifty-seven medical colleges. A temporary organization was effected with Professor Aaron Friedenwald of Baltimore, Md., president, and Professor Windslow Anderson of San Francisco, secretary. Upon motion the following committee on permanent organization was appointed: Professors N. S. Davis, W. H. Pancoast, Frank Weed, Street and Mandere. The committee recommended the following officers, who were unanimously elected: President, N. S. Davis, Chicago; first vice-president, Aaron Friedenwald, Baltimore; second vice-president, H. N. Didama, Syracuse, N. Y.; third vice-president, T. Menees, Nashville; fourth vice-president, Samuel Logan, New Orleans; fifth vice-president, W. H. Pancoast; sixth vice-presi-

dent, C. A. Lindsay ; seventh vice-president, W. T. Peck ; secretary and treasurer, Perry H. Millard, of St. Paul, Minn. After considerable debate and much sharp parliamentary practice, a committee was appointed to draft rules and a uniform standard of requirements for students to matriculate and graduate from all colleges belonging to the association. Meeting adjourned until 8 P. M., when the committee reported that Professor Friedenwald was elected president and Professor Vaughn secretary, and recommended the adoption of the following resolutions ;

1. That the colleges represented in this association adopt three graded courses, of not less than six months each, no two courses to be given in the same year.

2. That both oral and written examinations be required of all students.

3. That laboratory instruction in chemistry, histology and pathology be required.

4. That the colleges belonging to this association demand the following examination of all applicants for matriculation : 1. A composition in English of not less than 200 words. 2. The translation of easy Latin prose, provided that students be allowed one year to make up any deficiency in this part of the examination. 3. An examination in higher arithmetic. It is provided, however, that candidates who are graduates or matriculants of recognized colleges of literature, science and art, or of normal schools supported by the different states, be exempt from the provisions of this examination.

It is furthermore provided that it shall be the duty of the secretaries of the various colleges composing the association to transmit, on request, to the secretary of this association a list of all the matriculants, together with a copy of all questions propounded at the matriculation examination.

It is also provided that all the matriculation examinations be in writing, and, when requested, the original papers shall be forwarded to the secretary of this association,

5. That an examination in elementary physics be required.

6. That the adoption and enforcement of the above requirements by a college to be necessary to the admission of said college to this association or to its continual membership in the same.

7. That the above requirements be enforced with the matriculants of the session of 1890-91.

8. That these resolutions be submitted to the American Medical Association and its approval of them be asked.

9. That each college in this association be assessed annually the sum of \$5 to defray necessary expenses.

The resolution provoked a most lively discussion, which was entered into with great heat, but was finally adopted as reported by the committee except section 7, which was amended so as to read session of 1892-93 instead of 1890-91.

These resolutions were read and adopted with much enthusiasm by the general session of the American Medical Association on Thursday. All the representatives from medical colleges in the East, North and West, except possibly one or two schools in Kansas, enthusiastically endorsed the advance in the standard of medical education proposed by these resolutions. The opposition came principally from two schools in St. Louis and one or possibly more in Louisville, and the other Southern schools said they could not raise their standard of requirements as long as their neighbors did not do so.

If the objects of this association, in its endeavor to raise the standard of medical education, should miscarry, it will not be difficult to locate the obstructionists.

## THE AMERICAN MEDICAL EDITORS' ASSOCIATION.

The association met in Nashville, Monday evening, May 19, President I. N. Love in the chair. In the course of his address he said:

He who sits in his sanctum delving in science, looking through the small end of the microscope (seeing that which to the average eye is an unopened book), who daily walks through the valley and the shadow, and on the mountain top of science as well, may well feel that the ideal medical journal should deal in nothing but cold facts; should be severely and serenely scientific; that if it is anything else than learned and logical, strong and heroic, heavy with the accumulations of thoughts thrown out by theoretical authorities, it is undignified and unscientific.

They who are able to grasp such a journal are the upper "four hundred" who have not thought beyond that which is perfect, and are learnedly angelic; but when it comes to presenting this Saturnine production to the masses of the profession, it will be more than likely a cold dish. Not that they are not qualified to appreciate it, but they are too busy. They are in the world and of it: They are practical workers, many of them, as I said before, either in the saddle or the sulky, in the buggy or the brougham, behind one or more of man's most faithful slaves, engaged in the effort to relieve suffering humanity. Four nights out of five they are unable to sleep in their own homes, and hardly have sufficient leisure to get acquainted with the individual members of their own families. They are all anxious to keep up with the procession of sciences, ready to pick up crumbs of information and knowledge wherever available, but certainly in no humor to grasp one of the ideally perfect journals that wade through long, labored and learned theses, turned out after months of work by the scientifically plu-perfect. These practical workers, these slaves to a horde of suffering tyrants, want meat and drink, nutrition and stimula-

tion, which is available, and which they can pick up by the wayside by fits and starts.

Dr. F. L. Sims of Memphis, editor of the *Memphis Medical Monthly*, read a paper on, "The Needs of Journalism."

The paper was an interesting one, urging the medical editors to avoid the evils of the secular press, and at the same time to emulate their enterprise. Dr. Sims was in favor of pruning, polishing and publishing contributions from the rank and file of the medical profession. He thought the experience of the humble practitioner worth much. He deprecated personal journalism, but favored a fearless exposure of unprofessional practices. Especially did he object to an editor advertising himself in his pet specialty in his own journal, and to the practices of the bogus editor, who sends advertising matter under the name of news journals in order to get reduced postage.

Dr. William C. Wile, editor *New England Medical Monthly*, for his committee, reported favorably for membership the following names: Dr. A. K. Hills, editor *New York Medical Times*; Dr. B. W. Palmer, editor *Medical Age*; Dr. Ferdinand King, editor *New York International Journal of Surgery*; G. F. Lydston of Chicago; B. Lewis, St. Louis; F. M. Dickinson, Fort Scott, Kan.; R. M. C. Hill, W. L. Schenck, J. E. Mining, J. H. Thompson and W. H. Daly; Hal C. Wyman, Detroit; Dr. A. R. Baker, editor *CLEVELAND MEDICAL GAZETTE*, Cleveleveland, O., and C. S. Briggs and A. Morrison, Nashville.

The report was adopted and the new members enrolled. However, Dr. Wile, in reporting the name of A. K. Hills, editor of the *New York Homeopathic Times*, stated that within the past year Dr. Hills had announced his renunciation of homeopathy; had removed the title from his journal and declared his belief that the theory and teachings of Hahneman are false and untenable. This announcement was received with much applause, President Love declaring it a great victory for the ancient and honorable dcortines of true medical science.

Dr. T. D. Crothers, Hartford, Connecticut, editor Quarterly Journal of Inebriety, next read a paper on "The progress of Medical Literature," showing that all the energy and enthusiasm of the past and present is but preliminary to the great work that awaits the earnest and honest toilers in the ever broadening field that stretches before advancing and conquering medical science. Each new journal brings with it new writers, new aspirations, new channels of thought and endeavor toward the accurate knowledge of diseases and their treatment. The whole drift of American medical journalism is toward a higher type, improved methods and the rousing to revolution of the true lover of medical science. The revolutionary march in medical journals is nowhere more noticeable than in this country, and they will either lead the march of medical science or be crushed out. Journalism is unconsciously leading all medical literature, is a contemporaneous history of the drift of science, demands new growth each year, and its devotees must be up to and equal to the demand.

The following officers were elected: President, Dr. F. L. Sims, Memphis; vice-president, Dr. Frank Woodbury, Philadelphia; secretary and treasurer, Dr. J. C. Culbertson of Cincinnati; after which the association adjourned to the banqueting hall of the Baxter Court Cafe. The following were the toasts and responses:

"American Medical Association,"

Response by Dr. N. S. Davis, Chicago, Ill.

"Medical Journalism and the Medical Profession,"

Response by Dr. Frank Woodbury, Philadelphia.

"The Association Journal in its Relation to the Profession  
and Other Medical Journals."

Response by Dr. Lydson, Chicago, Ill.

"Quarantine Health Affairs and the American Medical Profession,"

Response by Jno. B. Hamilton, M.D., Surg. General.

"There is the East, but Why is it not Here in Larger Numbers,"

Response by Dr. W. H. Pancost, Philadelphia, Pa.

"The West, Which Can Always Be Relied Upon,"

Response by Dr. J. C. Culbertson, Cincinnati, O.

"The South, Ever Loyal and True to the Organized Medical Profession."  
Response by Dr. Jos. M. Matthews, Louisville, Ky.

"Medicine—Broad Enough to Include Every Honest Member Desirous  
of Benefiting Humanity,"  
Response by Perry Watson, New York, N. Y.

"The Committee on Nutrition,"  
Response by Dr. E. A. Woods, Pittsburgh, Pa.

"Vanderbilt University—the Model University of the South,"  
Response by Dr. T. Menees, Nashville, Tenn.

"The Volunteer State—Tennessee—Whose Fair Women, Statesmen,  
Doctors, Horses, and everything else, make her the Jewel in the  
Crown of Southern States."  
Response by Hon. Jos. H. Acklen, Nashville, Tenn.

## NORTH EASTERN OHIO MEDICAL SOCIETY.

The last meeting was held at Cleveland, O., in the Y. M. C. A. building, May 13, 1890. The essayist and reporter of cases all being absent, the morning session was occupied in the discussion of the treatment of diphtheria, which was opened by Dr. Sherman of Kent, and participated in by most of the members present.

In the afternoon Dr. Carpenter read a paper on a new method for rapid dilatation of the uterus, with remarks on curetting (see first article in this number), and Dr. Seiler of Akron reported two cases of metrorrhagia.

### THE DISCUSSION.

Reported by Dr. W. F. Brokaw of Cleveland :

Dr. Herrick :—I call in question some of the statements and opinions in regard to the use of the curette. It would seem to be a very simple thing and an instrument which the merest tyro could use without the least fear. What are the dangers of the curette? What is proposed in the use of the curette? I have forgotten all the points. It is for metrorrhagia, menorrhagia, dysmenorrhœa, etc., in which the menstrual flow is disturbed, when he proposes to pass into the uterus instruments of various degrees of severity and scrape the mucous membrane.

Does he show the difficulties? He has not shown us that there are any remnants of placenta. It is not to remove new formations or growths or remnants of decidua, but for cases of metrorrhagia or menorrhagia to use this instrument in scraping out the uterus. The trouble may be haematocele or trouble above the uterus; this is one of the most sensitive organs.

Would you scrape the stomach or rectum for disorder of the part? The comparison is perhaps not real, but still is approximately so. What we have is the thick organ, the uterus, studded with utricular glands which are adapted for a function. Is there no danger of injury? The fault is recognized that there is danger in its being used too freely and severely after the removal of any remnant of placenta, etc. For menorrhagia, metrorrhagia, or the class of cases included under the heading, I would call a halt. (I should not want my anything scraped in that way.)

Dr. Ridenour of Massillon: I agree with Dr. Herrick that curetting is certainly a dangerous business in the hands of the inexperienced. It would do very well in the hands of Dr. Carpenter, for whom I have the highest regard, but in the hands of everyone it would be a failure. For dysmenorrhea troubles, or where there are fungosities or small polypi, in curetting you remove a portion of the mucous membrane as well as other things, and you have greater danger than you have had before if it is a retained placenta. You have a raw surface exposed to the danger of absorbing infective materials, etc. I should be afraid of it, and I do not see the value or necessity of it; nor in dysmenorrhea troubles or metrorrhagia I do not think it would be the thing to put in the hands of everybody.

DISCUSSION UPON THE CASES AFTER READING OF DR.  
SEILER'S PAPER.

Dr. Carpenter: There is one point I would like to call Dr. Seiler's attention to in regard to his first case. The

dull wire curette is a very valuable thing ; yet, it seems to me, as I have said, if the case requires curetting the dull curette will not do for the case what the sharp one will do. I am not unmindful of the dangers in connection with a sharp curette, but I say that if properly handled it is a valuable instrument. He handled the cases, however, in the only way they could be handled. I would like to ask the doctor in regard to his second case, if he did not have peritonitis.

Dr. S. : Peritonitis set in in about twenty-four hours. Both cases were treated without anæsthetics.

Dr. C. : I think these cases should be anæsthetized, and the instruments used with caution well known to you all. As to Dr. Herrick's remarks, I will not make any reply.

Dr. Dutton: I am not a gynæcologist. When we observe the laws of nature, we generally go pretty carefully. The curette is very valuable when properly used, but for the immediate delivery of a placenta after the birth of a child, it is not necessary. It is a matter of time for the uterus to throw it off. If it is scraped off with a dull curette, you will necessarily leave a raw surface, which takes on the privilege of absorbing any septic matter that may be found there. The point I wish to make is this, that it is not always necessary to take away the placenta immediately after birth or an abortion ; after a while it will come away without taking it away. I have never used these instruments for the purpose of taking away the placenta. I think those who have had the largest experience will agree that the curette for the immediate emptying of the uterus is not always necessary. It is the element of time that is necessary for the uterus to take on such action as will throw off the placenta (not time for degeneration). I believe this position can be sustained, and I believe it to be the right one.

Next in order was the report of committee on Dr. Fisher's case of atrophy of the deltoid.

Dr. Ridnour : In this case this man was caught be-

tween two cars and the arm at and below the shoulder for some distance was crushed. There is now complete atrophy of the deltoid muscle and the capsular ligament, so much so that there is no support ; in other words, it has dropped down, from relaxation, so that the arm is probably three-quarters of an inch longer. There is a *sinus* indicating dead bone in the arm. The question of treatment is the most important just now, although I presume it has been treated properly all the way through. It has had rest, but it has, however, arrived at the stage when it is something more than the mere rest. In the first place, the bone wants to be drawn to its place and retained there. I take it that the bone should be retained there by plaster paris dressing. Why? This ligament is elongated by instituting passive motion of the muscles and ligament and not keeping it in place. By keeping it in absolute fixation will not occasion atrophy, but will allow the capsular ligament to contract properly to its natural length. No difference how much passive motion you have, it will not shorten it. Six or eight weeks in the plaster dressing, with the support, will shorten it. Then after that will have to get up passive motion. But while in fixation it will gain more tone by mere rest.

Dr. Herrick : Doctors disagree sometimes. I like the doctor's views, excepting we differ as to the method of treatment. The case has been one since December last, in which there has been inflammation of a high degree, and now there is a settling of the humerus from its articulating surface with the scapula, not from relaxation of the tendon, but from atrophy of the deltoid muscle. Now at this time the question is as to treatment. Will the tendon contract and draw the shoulder into place? My idea is that as the disease process is subsiding, the tendency would be to restore the deltoid to its normal condition. There are some filaments which can be restored by manipulation, bathing, massage, etc., and in the interval of complete rest and support I would insist upon manipulation and friction.

The doctor's method, as I understand it, would be to

put it in a plaster dressing for six weeks. That is all the difference there is as I understand it. There may be some bone disease from the periosteal trouble, but it will pass away in a very short time as the processes of nutrition are restored. His physical condition is good, and I would encourage, with due respect to the doctor, manipulation with intervals of rest and support.

Dr. Brashear: The case is one, perhaps, not of paralysis, either of motion or sensation. He has the motion of his fingers and a pretty firm grip. There is absence of the deltoid—the greater part of it—so much so that the functions are not performed. There is also destruction of a portion of the pectoralis major. There is no injury to the bone, no fracture, transverse, longitudinal or otherwise. The top of the scapula, acromion and coracoid processes and clavicle seem to be uninjured, so that it has a good point of support against which the head of the bone, the humerus, can be brought up.

There is considerable weight. The arm and forearm are swollen somewhat. With want of the deltoid and with the functions of the pectoralis major destroyed—impaired—the tendency of the arm is to get away from its cavity more and more. Common sense would seem to suggest that some contrivance be used to put the bone in the glenoid cavity.

There is a *sinus* several inches in depth leading into the bone with a discharge characteristic of the periosteum. The probe failed to find denuded bone, but it is probably present. If I were going to treat this case, if I had nobody to appeal to for help, I would put it up in one of the various apparatus for fractured clavicle, Sayre's or Moore's—Moore of Rochester, New York. This is the best form, Moore's figure-of-eight made with a small sheet. It could be kept at any angle, vertical with the body or elbow, brought around upon the chest and kept that way motionless for any length of time. I would put that man up with Moore's apparatus. Push the bone up into place and bind it with Moore's clavicle fracture bandage.

## THE NASHVILLE MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

It is almost impossible at this time to estimate the value of the scientific work of this meeting, which we think better than the average of previous sessions.

The alcoholic question was one that occupied more than usual prominence. The section of medical jurisprudence devoted all of one session to the discussion of the responsibility of an inebriate in crime, or for contracts made under the influence of alcohol. It was the almost unanimous sentiment that there was need of a change in the legal treatment, and the present methods of holding all these cases strictly responsible as sane and capable of realizing the nature of acts.

The address on medicine by Dr. Davis was largely devoted to the late researches into the action of alcohol on the tissue of the brain, showing that, as a remedy, it was of little or no value, and always full of danger. Cases were given showing that serious diseases might be treated successfully without the use of alcohol. The address was greeted with frequent applause.

Dr. Wood of Pittsburgh, in his report as chairman of the committee on dietetics, presented very entertainingly his novel views, that the cause of the early degeneracy in children was liquid foods, teas and coffees. He urged that by want of proper mastication of food the teeth were imperfectly nourished, and soon became diseased, and the child's health was henceforth impaired. He thought the white race in America had not improved to the extent that it should. Notwithstanding the salubrious climate, the race was on a decline. If jaws and teeth were properly used in mastication, they would develop into strong and healthy parts. The culinary art had been carried too far. If it did away with the necessity for mastication, why not carry it a step further and do away with the necessity for digestion. The habit of washing down food with drink caused small jaws and poor

teeth, and was the cause of more lack of beauty than any other one thing in America. Saliva was the only ferment with which food could be properly digested. The child fed on strong food, compelling mastication, would grow up into a strong, healthy adult with good stature, plenty of vitality, and would live to a ripe old age. Defective jaws and teeth were the first step downward of the nation and the race would ultimately end in oblivion. This question lay at the threshold of our liberty and perpetuation of our race. With general and proper attention, the Americans could develop into far more beautiful people than the ancient Greeks, who were a conglomeration of the blood of numerous barbarians. Science was our oratory and peace our pursuit. We had the blood, why not make it tell?

Dr. Wood's address was listened to attentively, and vigorously applauded. Dr. Wood is a fluent writer, an easy speaker and an author of some note, 'Toncredi: A Tale of the Opera,' being his best known work.

The President's address, urging another cabinet office, the Secretary of Public Health, was received with great favor, and a committee appointed for further consideration of the subject.

The enforcement of the twenty minutes' rule in the general sessions, as well as in the sections, would meet with the approval of everyone, except possibly the reader of the papers. They should be read in abstract and printed in full. The time of the members in attendance upon the meetings of the association is too valuable to listen to the reading of acts of congress.

The address on surgery, by Dr. Samuel Logan of New Orleans, reviewing the recent progress in surgery, was full of interesting observations and facts.

In the section on medical jurisprudence, a number of papers were read upon the "Medico-legal Status of the Abdominal Surgeon," the publication of which we shall look forward to with some interest.

On Thursday, the sections on diseases of children and

laryngology and otology met in joint session for the discussion of the subject of diphtheria and croup, and the old straw as to the identity and duality of these diseases was threshed over again.

The section on ophthalmology was well attended. On the first day several papers were read on the uses and dangers of jequurity, which elicited quite an animated discussion. The remainder of the session was devoted to the discussion of Dr. Baker's paper on "Functional Nervous Diseases of Reflex Origin." In concluding his paper Dr. Baker said :

" But it is to be remembered that in all of these cases there is a neurotic temperament that predisposes these patients to some form of neurotic disease, and the peculiar form the disease may assume is often due to accidental causes. And this is the reason that when you cure these patients of one affection, you are almost sure to have another follow, possibly in a distant organ. And thus it is that the oculist is reaping an abundant harvest from the fields already gleaned by the gynæcologist, who has sewed up all the lacerated cervices and repaired all the damaged perinei, until the chastest maiden might envy the comely appearance of the genitalia of the most prolific matron. It may be true that these patients are relieved of side and back aches ; it may be that their constipated bowels or irritable bladders perform their functions better ; yet these patients still suffer about the usual amount of pain and discomfort in the course of the year, although it may be transferred to the head or eyes.

I am not prepared to say just what this neurotic habit is ; but we are all familiar with its manifestations. With one, it will be manifested by recurring attacks of sick headache ; in another, by a paroxysm of asthma or hay fever ; in the female, by painful menstruation or hysteria, and in others it may manifest itself as neuralgia, chorea or epilepsy. We specialists may lop off a branch here and there, and we may be of real value to our patient in relieving him of some troublesome or painful symptom,

but there is something more necessary—the patient needs treatment more than this or that annoying symptom. Let us, then, not ignore the general practitioner in his more responsible duty of correcting the general condition, which, after all, is the real cause of these nervous diseases of reflex origin.”

Officers elected were: President, Dr. W. T. Briggs of Tennessee; treasurer, Dr. R. J. Dungleison of Pennsylvania; secretary, Dr. Wm. T. Atkinson of Pennsylvania; librarian, Dr. C. L. Richardson of District Columbia. Next place of meeting, Washington, D. C. Chairman of Committee of Arrangements, Dr. D. C. Patterson; secretary, Dr. C. H. A. Kleinschmidt.

#### THE SOCIAL SIDE.

The social feature connected with this meeting of the association was one of the most enjoyable in the history of the society. Whatever failures the Southern people may have in the eyes of the Northerners, it will be conceded by everyone in attendance upon the recent meeting that they know how to entertain most royally, and never before have the visiting ladies been received so cordially and given such a round of pleasure from early morning till late at night. On Tuesday evening a general reception to the American Medical Association was given by the profession and citizens of Nashville at the capitol—a most enjoyable affair. On Wednesday evening, receptions were tendered the members of the association by Dr. and Mrs. W. T. Briggs, by Professor and Mrs. J. B. Hancock (Ward's Seminary), and by Judge and Mrs. James Whitworth; also a concert at the Vendome by Mrs. Bloudener and Misses Price and Cox. On Wednesday afternoon, from 4 to 6 o'clock, the ladies of Nashville gave a reception to the wives and daughters of members of the association at the Maxwell House. On Thursday evening receptions were given by Mr. and Mrs. B. F. Wilson and Dr. and Mrs. N. D. Richardson. There were also excursions to the Hermitage, the home and tomb of General Jackson, the Bell Meed farm and various other places of interest. The delegates were also invited to call upon Mrs. Polk, a pleasure of which many availed themselves.

## AMONG OUR EXCHANGES.

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Having worked the territory of antipyretics and analgesics till they appear to have got about all there is to be got out of it at present, the synthetic chemists have made an entrance into the domain of the stomachics, their first essay being a compound prepared synthetically by MESSRS. PAUL AND BUSCH,<sup>1</sup> viz.: phenildihydrochinazolin, called *orexin* for short. The hydrochloride is used. The claim is made that it greatly improves the appetite when given in doses of from four to seven and one-half grains, once or twice daily, and that it accelerates the digestion, leading to an earlier appearance of hydrochloric acid in the gastric juice. The drug has been tried by PROFESSOR PENZOLDT in the *anorexia of phthisis* with apparently favorable results. Owing to its pungent nature, it is best given in pill form combined with gentian and althea powder, and followed by a large glassful of meat broth or other liquid. We have the comforting assurance that "It is comparatively free from toxicity when given in moderate doses;" but in view of the probability that we shall soon be flooded with importers' circulars vaunting the drug and advertising it as perfectly innocuous, practitioners will do well to go cautiously in its use, remembering the unpleasant experience of some of our patients with antipyrin, sulfonal, etc. And this leads us to call attention again to the fact that *antipyrin* is a very unstable compound in combination with other drugs.<sup>2</sup> Oxidizing agents decompose it promptly. Incompatibilities have been noted between it and chloral, the tinctures, salicylates, etc., etc. When dispensed, it should be either alone or in very simple mixture. The work now being done in Johns Hopkins Hospital in the scientific testing of new drugs and the publication of the results is one for which the American profession cannot be too thankful. A recent test of the new hypnotic *chloralamid* made under Dr.

<sup>1</sup>Pharm. Jour. and Trans., March 1, 1890.

<sup>2</sup>Pharmaceut. Era.

OSLER's directions by DR. HARRY TOULMIN,<sup>3</sup> showed that this much vaunted preparation "Patented and manufactured by Chemische Fabrik auf Actien" is "much inferior to sulfonal or chloral and possesses no special properties, which warrant its introduction into general use." The new re-agent for testing for *albumen* in urine, noted editorially in the British Medical Journal for November, 1889, viz.: Trichloroacetic acid, has been thoroughly tested in eighty-seven cases by DR. D. MEREDITH REESE,<sup>4</sup> who finds that it is a most delicate test, that it is prompt in its reaction, that it gives no discoloration or colored zone, in which particular it has a decided advantage over nitric acid, and in fourteen cases out of the eighty-seven trichloroacetic acid gave a precipitate where other tests failed. The presence of granular, epithelial and hyaline casts in eleven of these fourteen confirmed the test. The acid is a colorless, deliquescent crystal. A crystal is dropped into a test tube containing the urine to be tested, and on reaching the bottom is dissolved, producing a diffuse turbidity or a definite turbid zone, when albumen is present or the urine to be tested can be floated on a saturated solution of the acid, as in Heller's nitric acid test. Urine rich in sodium urate should be diluted with distilled water. The precipitate is not redissolved on boiling. The test seems to be worthy of extended use. For the last two years DR. HENRY STRACHAN of Kingstown, Jamaica,<sup>5</sup> has been studying the *diuretic* properties of the root of the horse-radish tree, *moringa pterygosperma*, now naturalized in Jamaica, but originally introduced from the East Indies and Africa. He uses it in tincture in doses of from ten minims to one fluid dram, and finds that under its action *ascites* and *anasarca* promptly pass away, whether due to renal disease, to cardiac lesion or to malarial influence. He considers it a valuable and safe addition to our stock of diuretic drugs, especially as it seems to have a

<sup>3</sup>Johns Hopkins Hosp. Bull., February, '90.

<sup>4</sup>Johns Hopkins Hosp. Bull., February, '90. <sup>5</sup>Satellite, February, '90.

favorable influence on the appetite. The decoction of the root has long been in use as a domestic remedy in intermittent fever, paralysis and dropsy among the peasantry of Jamaica, as is true of its near congener, *capparis spinosa*, the pickled flower-buds of which are the well-known condiment *capers*, and the decoction of whose root has been used as a diuretic among the inhabitants of the Mediterranean region from time immemorial. DR. C. B. JOHNSON of Louisville, Kentucky,<sup>6</sup> inquires: "Are hay-fever subjects exempt from grippe?" and cites instances occurring under his own observation and under that of a medical friend which seem to point in that direction. The writer hadn't thought of it before, but, come to think of it, the subjects of hay-fever in his range of observation have also escaped. It is to be hoped that physicians generally will report their experience on this point. In an article on the management of *typhoid fever*, DR. I. N. LOVE<sup>7</sup> gives a suggestive hint with regard to patients who have been accustomed to use coffee. He finds that the administration of the usual amount of coffee in the morning seems to overcome the depression that is often present at that hour. He holds that the same rule applies to those who have been in the habit of using coffee and tobacco to excess as obtains with regard to the whiskey habit, viz.: that if the patient is suddenly let down without his usual stimulant, harm will result. While we are speaking of typhoid fever, the query comes, Is it because the cases are more numerous or because that more physicians are recognizing and reporting such cases that *multiple peripheral neuritis* seems to be a more frequent complication of typhoid fever? Two cases were reported three months or so ago in the Cincinnati Lancet-Clinic. One case has occurred in the hands of the writer during the last year, and one is reported by DR. W. O. BRIDGES of Omaha, Nebraska.<sup>8</sup> Some days after the subsidence of the fever, weakness and shooting pains came on in the legs below the knees, followed by

<sup>6</sup>Am. Pract. and News, March 1, '90.

<sup>7</sup>St. Louis Clinique, January, '90. <sup>8</sup>Omaha Clinic, January, '90.

numbness, tingling and loss of power. The same symptoms, except the pain, soon developed in the fore-arms, and within a week all power was lost below the knee and elbow. The shooting pains, described as "flying rheumatism," disturbed the patient's sleep very greatly. At the time the report was given the symptoms were improving. In the writer's case above mentioned, pain in the arms was more marked than in DR. BRIDGES' case; loss of power was not so complete, but the recovery has been slow and unsatisfactory. After seven months the patient is just able to get about on crutches or roll himself in an invalid chair. In a letter from Paris, DR. THOMAS LINN<sup>9</sup> gives a formula used with great success by a French quack doctor for the relief of rheumatic pains. It consists of sulphuric acid one part, adeps præp. seven parts. Considerable care must be taken in the mixing, owing to the great difference in the density of the two ingredients. Rubbing with this mixture reddens the skin very rapidly, and gives prompt relief in sciatica when rubbed along the course of the nerve. A piece of cotton saturated with a mixture consisting of five parts of camphorated chloral, thirty parts of glycerine and ten parts of oil of sweet almonds, introduced well into an aching ear is said<sup>10</sup> to relieve the pain as if by magic, and often to subdue the inflammation as well. A little of the mixture should also be rubbed behind the ear. We have had the grape cure and the milk cure, the raw-meat cure and the hot-water cure, but the latest cure is one which the little folks may be depended upon to be a unit in favor of. It is DR. FLASCAR's pine-apple cure for *chronic bronchitis*.<sup>11</sup> He slices the pine-apple thin, puts it in a closed earthen dish in layers, covering each layer of fruit carefully with sugar, sets this dish in a vessel of cold water and gradually raises the whole to a boil. The luscious syrup is allowed to cool and is drained off into bottles. Of this delightful confection the youngster is allowed from eight to ten tablespoon-

<sup>9</sup>Times and Register, February 8, 1890.

<sup>10</sup>Med. Brief.

<sup>11</sup>Rev. de Therapeutique.

fuls per diem. The Doctor has had remarkable success with this remedy in cases of chronic bronchitis with insufficient expectoration and notable dyspnœa, and he further states that he has "never noticed any accident following this treatment." The accident we should fear would be that some enterprising patient would break his little neck climbing after the bottle. Some years ago a physician, whose name we cannot just at this moment recall, made a strong plea for the use of *dilute alcohol* wherever alcoholic stimulants were indicated. He did this on the ground that alcohol was the only alcoholic stimulant of whose purity the physician could be reasonably certain. The Cincinnati Lancet-Clinic in a recent editorial discussing the adulteration of liquors,<sup>12</sup> makes the statement that of "the sherry and port wines used by the American medical practitioner for medicinal purposes, ninety per cent. are adulterated goods," and gives the opinion that if the American physician will "only prescribe his own native wines and brandies, he will find that his patients will not die so frequently." Unfortunately, however, the concocter of wines and brandies out of proof spirit and deleterious chemicals counterfeits the brands that are called for, whether they be foreign or domestic; and while it is true, as the editor says, viz., that "the man who would adulterate wine and brandy, knowing that such articles are largely for the use of the sick and suffering of humanity, deserves to be scourged and driven out of a civilized community," the trouble is to catch him. Collodion, tincture of iodine and aqua ammoniæ, equal parts, applied with a camel's-hair brush widely over the affected region<sup>13</sup> is said to give almost immediate relief in *lumbago*. Painting with tincture of iodine is claimed by M. BEAUQUINQUE<sup>14</sup> to abort carbuncle. The crust or film over the orifices of the carbuncle is scraped off and the iodine applied several times by means of a brush or pledget of cotton. Six cases of *chronic ulcer* of the leg treated by iodol, reported by DR.

<sup>12</sup>Lancet-Clinic, January 11, 1890.

<sup>13</sup>Peoria Med. Monthly. <sup>14</sup>Rev. Gen. de Clin. et de Therap., No. 46, 1889.

DAVID CERNA<sup>15</sup> of Philadelphia, Pa., make a good showing in its favor. The cases were in part specific and part not. The drug is without odor, and locally acts more efficiently than iodoform, while it can be given internally in cases where iodide of potassium is not borne. Under the administration of six grains of iodol daily, and an exclusively milk diet, the sugar wholly disappeared from the urine of a diabetic patient. The drug seems worthy of an extensive trial at the hands of those who have been forced to give up iodoform on account of its odor.

## NEW BOOKS.

'A TEXT-BOOK OF OBSTETRICS, INCLUDING PATHOLOGY AND THERAPEUTICS OF THE PUERPERAL STATE. DESIGNED FOR PRACTITIONERS AND STUDENTS OF MEDICINE.' By Dr. F. Winckel, professor of gynaecology and director of the Royal Hospital for Women, member of the supreme council and of the faculty of medicine in the University of Munich. Translated from the first German edition with the permission of the author, under the supervision of J. Clifton Edgar, A.M., M.D., adjunct professor of obstetrics in the medical department in the University of the City of New York. 190 illustrations. Price, cloth, \$6.00; sheep, \$7.00. 927 pages. P. Blackiston, Son & Co., 1012 Walnut street, Philadelphia. 1890.

The material upon which this book is based was obtained partly from the Royal Charity Hospital (1859-60), and partly from the Royal University Obstetrical Clinic of Berlin (1861-64), furthermore from the Rostock clinics (1864-72), Dresden (1872-84), also from cases seen in the private practice of the author and in that of his father and grandfather, in all making a series of more than twenty thousand cases, upwards of six hundred of which are purely operative occurring in his father's practice, while seventeen thousand two hundred are taken from the author's clinics since 1864—certainly a vast amount of material for observation. The author thinks that too little attention is paid to the history of medicine, not only by students but by authors. Besides his own extensive observation, he has industriously consulted the literature of

<sup>15</sup>Med. News, March 8, 1890.

the subject, and each chapter is preceded by a bibliography, and many cases or passages from other writers are quoted entire from the original in small print. This makes it very full as a work of reference as well as a text-book.

With some of his practical teaching we must take exception, as, for instance, that it is advisable for the physician himself to administer the chloroform during the obstetrical operation. In this country a physician would certainly not be justified in administering chloroform to the surgical degree and himself at the same time operating, unless it was in an emergency or where no skilled assistance could be obtained. Nor would it be deemed the best practice to manage the third stage of labor by letting the woman lie on a bed-pan with instructions to bear down when she feels a pain approaching until the placenta passes out into the vessel under her, and neither pressing upon the fundus nor upon the lower uterine segment, nor in any way assisting with the hands unless there is seen to be more hemorrhage than usual or the placenta is not expelled by the end of two hours. He does, however, recommended in private practice, especially when the physician lives a long distance away, the employment of K. Schröder's method (simply a modification of Crede's), waiting until nature detaches the placenta and expells it below the ring of contraction, then expressing it by pressing with the flat hand below the contracted fundus. But even this method is not to be resorted to until half or three-quarters of an hour after the completion of the second stage.

The distinguished author, like others of his countrymen, will also fail to convince his American readers of the superior advantages of the lateral position over the dorsal for the application of the forceps and many other obstetric operations, or that it is necessary to turn the patient on the side to examine the external genitals after delivery, or to repair superficial lacerations of the perineum with the patient in this position; or, after this, to see the consis-

tency in his admission that, if the rectal and vaginal mucous membrane are much involved in the lacerations, the patient should be put in the lithotomy position for their repair.

These points, with some others, we are not ready to admit, but the book will be found a very store-house of learning.

The translator's work is very well done. He mistook, however, in supposing that the majority of English readers would prefer his retaining the original decimal system; when, "for convenience sake," he converted the temperature markings of the original text "from the Centigrade and Reaumur scales into those of Fahrenheit," he would better also have converted the metrical weights and measures into the ordinary system, or, for convenience sake, have given both.

These criticisms need blind no one to the excellence of the work. There is a great deal more in it to admire than criticise, especially upon the history and pathology of its subject.

'MODERN SCIENCE AND MODERN THOUGHT'—With supplemental chapter on Gladstone's 'Dawn of Creation' and 'Proem to Genesis,' and on Drummond's 'Natural Law in the Spiritual World.'—By S. Laing. Illustrated. —The Humboldt Publishing Co., 28 LaFayette Place, New York.

We are not surprised to learn of the success of this book in England, where a sixth edition was demanded within a month from the date of first publication, for a more readable book we have not seen in a long time. The principal results of Modern Science, and the revolutions they have effected in Modern Thought, are concisely presented. Here are displayed the results of recent inquiries into the composition and constitution of the earth and of the universe, into the nature and laws of matter, the development of organized and animated existences, the history of man, the myths of all races and the religions of all peoples; discussions of the nature of force, motion, electricity, light and heat. The display is brilliant and instructive. The work is in two numbers—117 and 118—of "The Humboldt Library of Science."

## NOTES AND COMMENTS.

*The Heroic Conduct of Surgeon Gurvich.*—The Lancet refers in most commendatory terms to the Russian prison surgeon, Dr. Gurvich of Ust-Kora, Siberia, who refused to be associated in the fatal punishment of Madame Nahida Sahida. The lady, who had formerly been a school teacher and was educated and highly refined, was a political prisoner. She had only recently subjected herself to a "hunger strike" for twenty-two days, and her strength was such as had been sustained by food enemata administered by force. According to Dr. Gurvich's statement, moreover, the lady had been under his treatment for heart disease, and she was, from every point of view, a most unfit subject for a ruthless punishment with the whip. It is stated that a hundred blows were administered on the bare back of this already enfeebled woman; at all events, her death is held to have been due to the flogging she received. Dr. Gurvich refused to be present at the outrage, declaring that the punishment should not be administered. The writer in the Lancet says that the whole profession must feel grateful to Surgeon Gurvich for thus having held out the committal of such an act of brutality. It is not at all improbable that by so doing he sacrificed his entire official future, and rendered himself liable to be classified among the suspects and disloyal.—*New York Medical Journal*.

We copy this paragraph to assist in bringing it to the notice of physicians. We are proud of the heroism of a member of our profession, wherever he may be. To hear of one of our number before unknown to us, way off there in benighted Russia, ranging himself on the side of the suffering and feeble, and sacrificing his position and prospects rather than yield in a point of duty to one under his care, must certainly excite our warmest admiration and gratitude, and we wish that some expression of this feeling could reach Dr. Gurvich as coming from the profession at large, and especially from that portion of it rejoicing in free America. We hope at least that the medical journals will take it up and not allow such a noble act to pass unnoticed.

*Eliza Theresa Sims*, the widow of the late Dr. J. Marion Sims, died in New York on the eleventh instant, at the age of seventy-four.

A case of detachment of the alveolus after the extraction of teeth is reported (Med. and Surg. Reporter) by C. H. M. Neall, M.D., D.D.S. He forced the loosened process back into position and adjusted a perfectly fitting piece of cork, with holes for drainage. A roller bandage held the jaws closed upon the cork. The patient was fed through a glass tube and the mouth kept washed with a solution of carbolic acid, ten drops to the fluid ounce. Dressed in three days. Firmly healed in twelve weeks, ready for artificial teeth. The writer urges "the importance of some knowledge of dental medicine to all physicians, and especially those who practice in the country," and often have to extract teeth; and believes that "medical schools should devote time to a careful study of the teeth as well as to other branches of medicine, and have demonstrations on patients in the clinic," particularly in regard to extracting.

*Patient*: "I am afraid something is the matter with my head, doctor."

*Doctor* (examining patient's head): "It is all imagination, sir, there is nothing in it."—*New York Sun*.

*Dangerous Fun*.—Professor Cook, the chemistry professor of Harvard College, has a reputation for facetiousness, and his lectures are highly popular, though the attractions appear to partake somewhat of the fearsomeness with which little children pay their first visit to Madame Tossaud's Chamber of Horrors. One of his lectures, says the *Toronto Mail*, is devoted to dangerous explosives, and a stir always goes over the room when he picks up a bottle labeled nitroglycerine. His smile is as innocent as a child's, and it reveals the most genial and sympathetic nature in Harvard College. When he picks up the bottle and holds it up, the yellow liquid stirring with the shaking of his hand, he always says something like this: "Now, gentlemen, it is commonly believed that if I were to drop this little bottle we should all be blown to the skies" (his hand trembles a little more, and timid Freshmen look longingly at the door); "but if this compound is pure, perfectly pure, mind you, I can light a match with perfect safety and thrust it down the neck of the bottle." Here he feels for a match. "But," he instantly adds, "I am free to confess that I have not enough confidence in its purity to try the experiment." (Many sighs of relief and one of the professor's divine smiles.)

—THE—  
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**ORIGINAL ARTICLES.**

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**CERVICAL CATARRH.**

BY J. J. ERWIN, M. D., YOUNGSTOWN, O.

The term cervical catarrh is used by Hart and Barbour in the same sense as that of erosion, adopted by the Germans, which the microscope in the hands of Ruge, Veits, and Cushing has already shown to be a misnomer and misleading. It is a very common condition, and has been one most troublesome to the general practitioner. Its causes are various, the most common of which is laceration during parturition; but laceration is not essential, for we have it when there is no laceration.

It has been affirmed by good authority that laceration occurs with every full-term labor. And it has been declared by equally as eminent advisers that such is not the case. Other extremists have placed the number at comparatively few; while a careful computation of the opinions expressed by all authorities has fixed the number which have required subsequent attention at 32 per cent.

Wells has accounted for the probably great number of cases which do not reach observation, in the fact that

"better care and longer rest in the puerperium, renders liability to heal," and that slight ruptures are thus mended and never discovered. This, Barker and Munde have ascribed as the reason why they are less common among the wealthy than among the poor. Emmet and Pollen discovered their effects most frequently following tedious labor, and it has been also said that rupture most frequently occurs at that point on the oss, or near where the occiput presents, which accounts for laceration occurring most frequently on the left side.

To insure rational treatment of this or any other abnormal condition, the first thing for the doctor to consider is the

#### PATHOLOGY

which his case presents, and we usually find scope for investigation. First, we will doubtless agree that the *primary* conditions which effect the healing of lacerated tissue does not depend upon locality, and that the processes of and principles governing repair are the same throughout the whole system. And that if circumstances of surroundings were equally as favorable, the repair of the cervix would be as effectual, unassisted, as elsewhere. But such is not the case, the reasons why of which will be considered farther on. Instead of spontaneous resolution, we have sub-involution, hyperæmia, blood-stasis, terminating in the development of fibrous tissue, the essential pathological condition of hyperplasia, which, according to Eastman, may become circumscribed and advance through consecutive pathological changes to interstitial fibroid. This observer questions whether all varieties of fibroid tumors are not localized conditions of different areolar hyperplasia.

The effects are not confined to the cervix, but extend beyond the limits of the uterus. Inflammation radiates into the fatless connective tissue and produces facial and sponurotic thickening, which, unchecked, becomes chronic. Then follows atrophy and shrinkage, by cicatrization

(paramitritis atrophane), and probably flexion, with atrophy of uterus walls at point of flexion. It may be deatro, sinistro, anti or retro, consequent upon the position of the split in cervix; the former two most common for the reason that lacerations are most frequently lateral, and the third less often, because the action of the bladder as it fills tends to hold the organ better in position. This cellular complication also causes pain, due to alterations in the sympathetic filaments distributed throughout the connective tissue. Reflex actions arise, and all this consequent upon an incident which resulted in cervical catarrh.

Thus the conditions arising from catarrh, from whatever origin, seem to be but different degrees of advancement from the same cause, for Cushing has shown the microscope to have revealed the fact that, first, abnormal secretion, and, second, catarrh, though appearing like ulceration, has neither of them altered the cell which covers the surface. Were there actual ulceration, there would be destruction of epithelium, for ulceration causes destruction of tissue. In cervical catarrh the epithelium, cylindrical and a single layer, remains perfectly intact, and instead of destruction we have adenoid tissue, for Ruge and Veits have shown that there exists "a new formation of glandular tissue on the surface," and Hart and Barbour that "there is an increased formation of connective tissue, which produces antero-posterior thickening and sometimes elongation."

Cylindrical epithelium takes the place of the squamous variety beyond the limits of the osexternum, and produces a more rapid proliferation of cells. The glands hypertrophy, and new glands form as the result of this hypertrophy. In cervical catarrh from pregnancy, Fitch draws attention to the fact that the glands of the cervix are enormously hypertrophied, so that the cervix becomes almost a glandular organ, and "that there is not only the proliferation of epithelial cells, but of connective tissue." If the ducts from these glands become obliterated

ated, which they not unfrequently do, the glands themselves become distended, forming retention cysts, the secretions of which become inspicated and they assume the form of hard, pea-like bodies—*ovula nobateii*. These cysts are also formed by the surface-folding and establishing recesses, which become saculated, with a duct-like opening, and may undergo the same changes as the regular glands, which increase in size and may come to the surface and burst. This latter is termed by Hart and Barbour follicular erosion, which may continue involving the connective tissue and become a true ulcerated process.

#### ÆTIOLOGY.

The most important cause, as commonly accepted, is injury to the cervix consequent upon parturition. Why this is so, authorities disagree; I have my own opinions, which to me seem obvious.

As before quoted from Fitch, "the glands of the cervix are enormously hypertrophied during pregnancy, so that the cervix becomes almost a glandular organ," and Neiberding found ectropium with catarrh in 47 per cent. of pregnancies. It seems to be rational that a pathological condition of tissue made tense would render it more liable to yield, and it is probably among this class that the greatest number of lacerations occur, and when it does we have a catarrh already preceding it. The lacerated organ, instead of receiving attention looking toward repair, remains bathed in the lochial discharge, which prevents healing and invites inflammation. The ectropium, consequently increased by the split (given by Emmet as the cause), exposes the mucous membrane above the external os, with its single layer of cuboid epithelium, to friction against the vaginal walls, producing increased irritation and consequent continued inflammation.

Retroflexion is given as one of the common causes for cervical catarrh. But Hart and Barbour assert that "retroflexion usually implies previous parturition." Ac-

cepting this as "usually" true, a comparison with causes heretofore described will be patent. Other though potent causes affecting the nullipara most often is, the spread of vaginitis upward (either simple or gonorrhoeal), and of endometritic downward. Whatever causes will invite hyperaemia may continue it until there is blood stasis, resulting in inflammation, with pressure on the veins and cervical catarrh. Many complications may assist in bringing this about and furnish an explanation for this catarrh in pregnancy.

## SYMPTOMS.

Leucorrhea, opaque or yellow, or may be streaked with blood from the newly formed blood-vessels.

Increased and irregular menstruation, caused from previous and continued indometritic, or from an extension of the inflammation upward into the indomitrium.

Pain low down in back, increased by exercise.

Occasionally the proas muscle, by its intimate relation with the pelvic nerve and the hip joint, becoming involved either pathologically or functionally, will produce a peculiar lameness like what Virgil P. Sidney has termed the "hip limp."

Reflex disturbances, such as sympathetic, spinal and cerebral hysteria, which may be consecutively noted as neuralgia of the primæ viæ, pelvic neuralgia, aching kidneys and bladder, heart and respiratory derangements, pain in spots and radiating over spinous processes; pain in the extremities and possibly paralysis; neuralgia of the fifth nerve, hemicrania and increased steady pain.

## SIGNS.

Leucorrhea, coming from the cervix.

Subinvolution.

Pain on movement of uterus.

The margins of the os are soft and velvety.

The existence of a laceration with ectropium.

Ovula nabothii.

Polypoid projections, or a mass of cervical cysts.

An open os, into which the finger can pass.

(With the speculum). The uterus plugged with a tenacious mass of mucous, or the os surrounded with red catarrhal patches in the nullipara.

In the multipara, the same plug of mucous, laceration, red surface, bluish red projections—the nabothian follicles.

#### TREATMENT.

In treatment of cervical catarrh from lacerations, one of the forms quite popular is Emmet's operation.

Emmett of New York first drew particular attention to the repair of the laceration, which he had practiced for the last seven years, in an elaborate paper published in 1869. This was the occasion for a craze which usually attacks the American specialist when something new is suggested which gives evidence of becoming lucrative.

J. H. Bennet of London, and Rosser of Marburg, had preceded him in their reference to the same subject. While this treatment has been potent in many cases, Emmet himself has said of its abuse, "I believe that in nine cases out of ten, where it is done, or attempted, the execution of the operation is defective, and without any benefit to the patient." But there are cases where such treatment seems to be demanded, and in such there should be no hesitation to operate. Van de Warker would proceed only when the rent could be called a "specific lesion," but does not give more definite advice. This leaves each operator with little else than a check upon indiscretion. Others would consider it favorably when laceration extended up to or beyond the vaginal fornices. Less serious ruptures may be treated as would apply to cases where the tissue had never been torn; and here, be it remembered, that laceration is not essential, for we have catarrh where there is no laceration.

The fundamental principle on which is based the logic of antiseptic surgery, is cleanliness. In lacerated cervix the lochial discharge is directly antagonistic to this princi-

ple, and in cervical catarrh from whatever cause, the accumulated discharge serves a like purpose. Thus the efforts of nature toward spontaneous repair are thwarted, for if the principle is good in one case, it is equally valid in all cases. Discarding all other treatment, and consigning to their respective places all pathological growths originating from this cause, I have adopted the hint thus seemingly furnished, and have satisfactorily treated all cases of simple catarrh not coming under the exceptions noted (and observing the same principle along with their case after the operation) with the douche of hot water, to which I have added as much boracic acid to each gallon as can be dipped with a tablespoon.

Cases where the patient had been subjected to "local treatment" for years, with variable degrees of success, under this regime, have improved from the first, and declared themselves "as well as they ever were" after two months of its use. It seems to have suited admirably all cases ever tried—with the exception of a noticeable diminution of fees.

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## THE TREATMENT OF HEMORRHOIDS BY INJECTION.

BY A. PESKIND, M. D.

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### EMBOLISM OF THE LIVER.

The object of the following report is not to discuss the practicability or impracticability of treating hemorrhoids by injecting the pile with coagulating substances, but merely to illustrate one of the most undesirable complications of such treatment.

I was called hurriedly to see the patient, as he was suffering very much. On my arrival I met the patient in a condition of semi-collapse. His face was pale, a cold sweat covering his face and hands. Eyes restless, and expression of threatening danger. Extremities icy cold. Patient on my arrival was in a semi-sitting posture, and

desirous to walk about. Complains of pain in epigastrium and left hypochondrium. On my request the patient resumed the recumbent posture, which he dreaded at first. Warmth and diffusible stimulants were administered, requiring nearly an hour for the reaction to commence to take place. The patient, a gentleman of about 38 years of age, with a very intelligent face, assured me that the employment of morphine will occasion him much distress and discomfort for the ensuing week or even longer. A general cutaneous eruption and troublesome itching are the consequences of the administration of the drug in any form. This necessarily prolonged the time to bring about the reaction.

The history of the case is as follows: The patient has suffered from bleeding hemorrhoids for many years past. A few weeks ago he consulted a pile specialist, who promised to cure him without operative interference. Three injections of solutions of carbolic acid were made within the last three weeks. The first two injections caused very little reaction. The third one, practised five days prior to my first seeing the patient, caused some pain about the third day. The patient used an enema, as he was directed to do, the morning of the day of the occurrence of this sudden collapse. About noontime a sudden discomfort was felt in the hepatic region, vomiting and pain increasing in severity towards evening.

From the history of the case, and from the symptoms, the only conclusion I could draw was that the collapse was due to an embolus traveling from the hemorrhoid to the liver. The patient was advised to remain in bed next morning.

The pain next morning was not so severe, the stomach still very irritable; temperature 99, pulse 102.

On the third day the tenderness increased in the hepatic region, this more so on respiration and on assuming of the sitting posture; also on eructations of gases, which are very abundant and troublesome. The pain is greatest below the ninth rib, in mammary line; temperature 102, pulse 108.

Poultices and sedatives to relieve the symptoms. On fourth day the patient felt easier, stomach still rebellious. Vomited once. Temperature 101, pulse 102. Dr. R. was invited in consultation, who agreed with the diagnosis.

The decline of temperature and frequency of pulse was gradual. On the eighth day the pulse was about 84, temperature 98° Fahrenheit. The tenderness has then subsided. The further history of the case is of no value to the object of the report, but unfortunately the patient must still try his courage and hope for a cure of his distressing hemorrhoids.

## CAN THE SPREAD OF ZYMOTIC DISEASES BE PREVENTED. PART I.

BY H. H. SPIERS, EDINBURG, OHIO.

I give the word zymotic its widest significance. To include miasmatic, dietetic, enthetic and parasitic diseases, every disease that may be communicated by infection, contagion or inoculation.

History tells us that in all ages mankind has been subject to war, famine and pestilence. Through the intervention of arbitration, war has been reduced to a minimum. Through a higher enlightenment and a more rapid transit famine is well-nigh unknown.

Through the application of principles largely sought out and applied by medical men, the limit of pestilence has been circumscribed. To-day we stand as never before, a brotherhood of mankind, each in his respective sphere, seeking the elevation of the other. The poor man from his pallet of straw, the rich man from his couch of luxury—ignorant and talented alike asking: Can the spread of zymotic diseases be prevented? In the great plague of London, when death was seen on every hand, no doubt many a voice was raised in prayer that the scourge be stayed. If correctly informed, during this agony of sus-

pense a fire breaks out in the city, and this fire is its salvation. The plague is burned up and destroyed. But let us turn to our own age and generation. Melikof, "chief of the dread third section," is requested to remove a plague-spot from the heart of Russia. He does remove it, and that in a summary manner. Fire engines are called into requisition, petroleum is thrown on the villages, and then they are set on fire." Every object, both animate and inanimate, is purified by this burning, and the plague is stayed. Must we in America imitate his example? It is unnecessary. To those who have visited the larger cities—especially in warm weather—the olfactory sense has no doubt received unpleasant reminders from faulty sewers. In our daily readings we meet with cases of sickness said to be caused by sewer gas entering the apartments and vitiating the air. No less an authority than J. Lewis Smith, in "Diseases of Children," 4th edition, page 221, says: "Diphtheria, especially in large cities, is established as an endemic."

Again, page 1232, "Most frequently the virus is received from an infected atmosphere." "Most cases in New York are traced to sewer gases, which have escaped into houses through imperfect plumbing." Neither is it in large cities alone. Any city or incorporated village which has a sewer at all may be likewise infected. In our present enlightenment, I ask any thinking man, "*Ought these things so to be?*"

We converse with friends as near though miles away; we ride in palace cars, propelled by electric dynamos; we do many things unthought of by the ancients, but in our houses, in our great centers of population, we are reeking in filth and disease. Fire is one great resource at our command. Fire at each main opening in a sewer, on every block or square, would cause a draught drawing out the impure air and drawing in the pure, a principle long ago applied in the ventilation of mines. By means of a contrivance in which all air passing out would be compelled to pass through a flame, the noxious or toxic prin-

ciple could be destroyed, and the air in the sewer rendered comparatively pure. In a country so pre-eminently rich in invention, with a preventive so potent as fire, is it probable we will be content to long remain over these death-dealing emanations. Here is certainly a great field for an inventive genius.

1st. The spread of zymotic diseases may be prevented by fire.

Cast your eyes over the map of our country, and observe the many cities dotted on the borders of our northern lakes. In the partial language of the Psalmist, beautiful for situation, and one of the number in 1893 destined to be the joy of the whole earth.

Whence goes the sewage and whence comes the water supply for these great cities? Into and from these same great fresh water lakes. Stand with me on the pier and witness an incoming boat. The little tug puffs away and passes us as if it had a great mission to perform, and was in a great hurry about doing it. At each turn of the screw the tug is sent forward and the water is displaced backward—just as in walking, at each step the earth is pushed from us. The tug turns around, is attached to the incoming boat, and in less time than we are telling it that ever active screw is displacing water in an opposite direction. Thus day by day, week by week, is this harbor water dashed and slushed into a veritable chowder. How can this be remedied? By dividing the harbor into two areas in building a central impervious breakwater, extending into the lake, then turning so as to leave space enough for a channel, and long enough to include all sewers, compelling incoming boats to enter this narrow channel, and outgoing ones to depart on the other side. The force of displacement would then be in one direction. The greater the navigation, the clearer the water adjacent the city where the sewage is emptied. Where a river enters the harbor, as in Cleveland, by skillful engineering it may be made to aid efficiently the system of which I am speaking. By extending the breakwater far enough,

the force of the river alone would carry the sewage well out into the lake. It may be said that one man, in walking, exerts but little influence on the position of the earth. True, but one thousand men stepping in unison might tear a suspension bridge from its anchorage. So likewise, one little screw moving in the water, makes but little change in its relative position. But I apprehend one thousand boats thus propelled would change materially the position of all sewage entering this narrow channel. Of what use is this knowledge to us? The same use as all knowledge, rightly or wrongly applied. In the location of houses we do not select places in close proximity to cesspools. If living near one, we do not hire people to stir them up a hundred times a day.

2d. The spread of zymotic diseases may be prevented by *better harbors and better harbor regulations.*

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NEW YORK ACADEMY OF MEDICINE—SECTION OF PAEDIATRICS. MEETING MAY 8, 1890.

DR. L. EMMETT HOLT, CHAIRMAN.

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BLINDNESS FOLLOWING CEREBRO-SPINAL MENINGITIS, WITH RECOVERY OF SIGHT AFTER TWO YEARS.

Dr. W. L. Stowell presented a patient three years old, who when two years of age had suffered from cerebro-spinal meningitis lasting six weeks. Before recovery from the acute symptoms, blindness was noticed. It was complete. The child came under observation four months later, then blind in both eyes, with marked nystagmus; hearing and intelligence normal. About eight months ago the eyes were examined at the New York Eye and Ear Infirmary. Atrophy of the optic disk diagnosticated, and a bad prognosis given. The case was looked upon as hopeless, and no treatment was employed. During the last six months there had been gradual but unmistak-

able improvement. At the present time the child could see quite well with the left eye all ordinary objects, but not minute objects. The sight in the right eye was still imperfect, and in this nystagmus was still present. A recent examination of the disks showed very great improvement in the left eye, in the right the disk being still bluish and blood vessels indistinct. Two months ago following an attack of convulsions there had been left hemiplegia. The paralysis had now nearly disappeared, but some slight rigidity remained.

CONGENITAL STENOSIS OF THE DUODENUM, WITH VOMITING  
OF BLOOD AND DEATH ON THE FOURTH DAY.

Dr. J. H. Emerson reported a case of a child who, when thirty-six hours old, vomited suddenly about  $\frac{1}{2}$  ounce of dark, bloody material. The vomiting was repeated several times during the next twenty-four hours. The bowels moved freely before the vomiting, the discharge being dark and tarry. After the first stool meconium was passed, but no trace of blood. The child died when four days old of exhaustion. The autopsy showed the stomach to be greatly dilated, the pyloric orifice wide, the duodenum dilated to a point just above the entrance of the common bile duct. Here was a tight constriction, and fluid could be forced through it in neither direction, although a fine probe passed. The small intestine below this point was empty. A thrombus was found in the œsophagus, and a superficial ulcer beneath the thrombus. This was the source of the hemorrhage, evidently. There were no other abnormalities of the intestine.

Dr. W. P. Northrup referred to a similar case, which had been presented to the New York Pathological Society about one year ago.

Dr. A. Seibert had met with one case in which constriction had been produced by adhesions extending from the pancreas.

Dr. A. Jacobi had seen a case in which a complete septum existed in the duodenum, and several other septa in

the intestine at lower levels. He called attention to the development of the intestine, stating that in the embryo there were several tubes which became one continuous canal by the absorption of septa.

#### IMPERFORATE RECTUM.

Dr. Dillon Brown presented a specimen of imperforate rectum, the cul de sac being attached by fibrous bands to the upper and posterior walls of the bladder. The unusual feature of the case was the absence not only of the anus, but of all trace of one, the whole gluteal and perineal region being perfectly smooth. The child died fifty-four hours after birth, and six hours after an artificial anus was established.

#### SURGICAL TREATMENT OF ERYSIPELAS.

Dr. Dillon Brown reported a successful case treated by the Kraske-Riedel method. The patient was an infant five and one-half months old, was somewhat cachectic, and erysipelas developed in the left leg in the increment of an abscess which had been incised. In spite of general local treatment, the erysipelas steadily advanced until the knee was reached. At this time the child's general condition was alarming in the extreme; temperature  $104.5^{\circ}$ , pulse 178, weak and thready, and the case was looked upon as hopeless unless some means were found of preventing the extension of the erysipelas. Under chloroform anæsthesia a fence was made completely encircling the limb by scarifying it with a scalpel. The scarifications were dressed with gauze, saturated with 1-1000 bichloride. Immediately after the operation the line of the fence became swollen, red and angry-looking, apparently from the irritation of the dressing. The inflammation rapidly traveled up to the line of the scarification, but did not pass above this barrier. On the following morning the temperature was 100 and general improvement marked in all symptoms; pulse 120; eyes bright. From this time there was rapid and uninterrupted convalescence, and complete recovery.

Dr. Seibert had treated three cases of erysipelas in children in the manner described, but without an anæsthetic, with perfect success in every instance. He had devised a scarificator similar to the one used for vaccination, and believed it to possess decided advantages over the scalpel, since it could be used much more rapidly. Within the past few days he had surrounded with a scarification fence a somewhat extensive patch of facial erysipelas, and had succeeded in arresting completely the progress of the disease.

Dr. Northrup referred to three cases successfully treated by this method. In all instances the erysipelas stopped completely at the line of the fence.

Dr. Meyer believed the surgical treatment a very great advance upon all our therapeutics of erysipelas.

Dr. John Dorning referred to one unsuccessful case. Erysipelas had involved the leg of a child, and he had scarified thoroughly at a considerable distance above the border of inflammation. In two days the disease reached the fence and passed into the tissues beyond without any obstruction. He had used one per cent. of carbolic acid as the dressing after scarification.

Dr. Jacobi believed that the cause of Dr. Dorning's failure had been that the scarification had been made so far above the seat of inflammation, the disease not having reached the fence for two days. By that time the wounds made in the skin must have been practically healed, so that there was no special resistance, since it was impossible at this time for the antiseptic to penetrate into the deeper layers of the skin.

Dr. Northrup believed the scalpel a better instrument than the scarificator, since it was important that the incisions should be made rather deeply, as it had been established that the streptococcus of erysipelas spread through the lymphatics of the corium.

DIPHTHERITIC PARALYSIS, INVOLVING THE DIAPHRAGM AND  
MOST OF THE ACCESSORY MUSCLES OF RESPIRATION.

## RECOVERY.

Dr. G. W. Rachel reported a case of a patient four years old ; five weeks after a moderately severe attack of diphtheria, the head was noticed to be rolling upon the shoulders, and there was some weakness in the extremities, but no throat paralysis. *Nux vomica* was prescribed and the case did well for ten days, when he was hastily summoned with the report that the child was dying. For two days previous the gait had grown more unsteady and there had been some cough, but the child had played about up to the morning of the severe symptoms. He found the patient livid, in intense agony, with a feeble, ineffectual cough, loss of voice, and every few minutes there were witnessed very severe paroxysms of dyspnœa, in which the child appeared to be dying. The temperature was 100.5°, pulse 120 and respiration 52. The movements of respiration were found to be entirely thoracic. The diaphragm was completely paralyzed; there was no action of the scaleni nor the pectorals. Respiration was carried on apparently entirely by the intercostals and the serrati. Faradism was used to the diaphragm, and strychnia hypodermically in doses beginning with 1-100 of a grain and gradually increased to 1-60. For three days the condition was most critical, but on the fourth day the muscles responded slightly to faradism. The first signs of pain on applying the current did not appear until the seventh day. After ten days the convalescence was quite rapid. It was surprising in this case that, with so extensive an implication of the muscles of respiration, the heart should escape altogether.

Dr. Jacobi said that these cases, however rare, might occur to any one in practice. He cautioned against using electricity constantly when applying it to the diaphragm. It should only be used every ten or fifteen seconds.

THE USE OF ANTIPYRETIC DRUGS IN PNEUMONIA OF INFANCY  
AND CHILDHOOD.

The discussion was opened by Dr. A. Caille, who stated that pneumonia was to be regarded as an acute infectious disease, its greatest danger being from heart failure. If we were able mechanically to remove the inflammatory products or the poison, we might be able to check the disease. Was it possible to do this by drugs in pneumonia? He believed it was not. If the cause was a specific one like malaria, we might abort it possibly to quinine, or if syphilis by mercury; or if rheumatism by salicylic acid. He considered that at the present time we had no sufficient evidence that any drug aborted pneumonia.

As to the indications for antipyretics, they should be strong or they should not be used at all. In very high temperature antipyretics might do great harm because of the depressing effect upon the weakened heart, which almost always accompanied such high temperatures. Antipyretics should not be used early in the disease. They should not be used when the temperature is not very high; in cases of hyperpyrexia they should be used with extreme care, always being guarded by heart stimulants. The nervous symptoms were often relieved by the use of these drugs. These form a better indication for their use than the temperature. In general, he believed that physicians in treating pneumonia *considered the thermometer too much and the patient too little*. As to contraindications, these drugs were not needed in mild forms; they should not be used upon an irritable stomach, or when the patient was in imminent danger of heart failure. In the failure of the heart, which was due to the poison of disease when associated with high temperature, it was often found that large doses of stimulants had more effect in reducing the temperature than our so-called antipyretics. Of the drugs considered in the discussion, he considered quinine of the least value and the most objection-

able as likely to upset the stomach. Phenacetin was insoluble, and not easily administered to children. He had seen in a few cases such depressing effects produced by antifebrin that he had discontinued its use. His choice then was antipyrin. It should not be given continuously, one or two doses in the afternoon or evening were usually sufficient, being guided by the nervous symptoms and not by the temperature alone.

Dr. Dorning thought there were cases of malaria in which the paroxysm was accompanied by pulmonary congestion, in which, as the pulmonary symptoms disappeared after quinine was given, the physician might deceive himself into thinking that he had aborted pneumonia when in reality there was no inflammation of the lung. He said that he had seen pneumonia extend steadily in the lung, even while large doses of antipyretics were being used and the temperature kept down. He thought these drugs had no influence whatever in aborting the disease; and further, that they did not check its progress or shorten its course. Temperature was not the only indication for antipyretic drugs, nor even the best one. The nervous symptoms should always be considered. Children tolerate high temperature better than adults, so that the number of degrees reduced by the thermometer could not be taken as a guide for using these drugs. If the heart was weak, all antipyretics should be used with extreme caution, and never unless stimulants were freely given at the same time. As to choice of drugs, he thought quinine was to be discarded altogether, excepting in pneumonias in which there was a malarial element. Some years ago he had experimented upon about fifty cases of adult pneumonia, giving as high as forty grains of quinine as soon as the patient was admitted to the hospital, when the admission was before the third day. In the majority of cases there was no effect whatever upon the temperature, even when quinine was administered hyperdermically. It was not uncommon for the temperature to rise after the administration of quinine. Phenacetin he had found to be more lasting in its effects

than antipyrin, and he thought not quite so depressing. It could be suspended in water and easily given to a child. He did not use antifebrin, and thought he had seen one case in which the fatal issue was due to this drug.

Dr. J. E. Winters agreed with what had been said by Dr. Caille, that the indications for antipyretics must be very strong or they should not be prescribed. He had found it necessary much more frequently to recommend that antipyretics be stopped in cases of pneumonia than that they be used. If the temperature was very high, large doses of alcohol were greatly to be preferred. Heart failure being the great cause of death, everything which depressed the heart should be avoided. He did not believe that any of these drugs had the slightest influence in aborting the disease. As had been said by the other speakers, the nervous symptoms were the best and perhaps the only indications for the class of drugs referred to.

Dr. Dessau preferred antipyrin to the other drugs mentioned, particularly because of its beneficial effects upon the nervous symptoms. He did not believe that pneumonia was aborted by any drugs.

Dr. O'Dwyer thought that we should distinguish between the cases of croupous pneumonia and those of broncho-pneumonia. Cases of croupous pneumonia in children recovered almost without exception, no matter what treatment was employed, and in private practice he found it necessary to give very little medicine to these cases. In broncho-pneumonia, however, particularly the class of cases which followed measles, he had found medication of very little avail. The severe cases almost certainly proved fatal.

Dr. Fruitnight thought it to be impossible to abort pneumonia by any means. He believed when hyperpyrexia existed, the graduated cold bath much more reliable than drugs. The value of the drugs named in the order of their importance was as follows: 1st. Antipyrin. 2d. Antifebrin. 3d. Phenacetin. 4th. Quinine.

# The Cleveland Medical Gazette.

*A MONTHLY JOURNAL OF MEDICINE AND SURGERY.*

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ONE DOLLAR PER ANNUM IN ADVANCE.

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Original Communications, reports of cases and local news of general medical interest are solicited. All communications should be accompanied by the name of the writer, not necessarily for publication.

All letters and communications should be addressed to the CLEVELAND MEDICAL GAZETTE, No. 143 Euclid Avenue, CLEVELAND, OHIO.

Changes for advertisements must reach us not later than the second week of the month to be corrected in current number, addressed to CLEVELAND MEDICAL GAZETTE, 143 Euclid Avenue, Cleveland, Ohio.

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EDITED BY A. R. BAKER, M.D., AND S. W. KELLEY, M.D.

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## EDITORIAL.

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## THE OHIO STATE MEDICAL SOCIETY.

The weather was hot; the attendance small; the papers fair; the discussions good. It is somewhat humiliating to be reminded that there were present only about one hundred members at the annual meeting of the society of the great state of Ohio. It is altogether probable that

several of the district, and possibly some of the county societies, have had a larger attendance at some of their meetings during the year. We suspect one of the reasons they have been better attended is because those present have not been compelled to listen to the distressing report of financial straits of the treasurer and to the doleful report of deceased auxiliary societies and decrease in membership from our secretary, as we have done at every session during the past few years.

There has been a growing sentiment among the members of the society for a number of years, that there was something radically wrong in the organization of the society. The president's address last year and the appointment of the Committee on the Relation of the County Societies to the State Societies, voiced this sentiment. The same was true of the report of Dr. Loving this year from the Committee on Legislation.

If the amendment to the constitution recommended by the Committee on the Relation of the State to Local Societies is adopted next year, we believe that the society will not only be relieved of its financial straits, and increased in membership, but so unite the profession of the state in one body that beneficial legislation may be secured. The society as now organized, with only five hundred members, does not adequately represent the five or six thousand physicians in the state. In order to present this matter as fully as possible before the profession of the state, we take pleasure in publishing the report of this committee in full:

REPORT OF COMMITTEE ON RELATION OF COUNTY MEDICAL  
SOCIETIES TO THE STATE SOCIETY.

Your committee, upon a careful examination of the constitution of this society, find an anomalous document. It is almost an exact copy of the constitution of a neighboring state society, in which the members of the county societies are auxiliary to the state organization in fact as well as name. This constitution provides for auxiliary

societies, and delegates from these societies to the state society, but makes no provision for the duties of these delegates and confers no benefits upon the members of the auxiliary societies. At the time of the adoption of this constitution, it seems that the whole thing was emasculated by the striking out of a section making the members of the county societies permanent members of the state society, and providing for the transaction of the business of the society by delegate members.

Your committee would therefore recommend the adoption of the following amendment to the constitution :

Article III, Section 9.—All members in good standing in county medical societies shall be permanent members of this society, and shall be entitled to all its rights and privileges, including a copy of the annual transactions; excepting that the business of the session shall be transacted by delegate members.

Dr. Elder, who has been secretary of the Indiana State Medical society for many years, informs us that prior to the adoption of the plan proposed by this amendment, their society only numbered four or five hundred members. The annual meetings had an average attendance of about seventy-five. He was constantly called upon to advance the money to pay the printer's bill for the transactions, just as our secretary now does. But immediately upon the adoption of the plan, the membership increased to over two thousand. Last year there were about six hundred members present at the meeting at Indianapolis, and a balance of two or three thousand dollars in the treasury, and the dues reduced to fifty cents and could be made less. Other states present the same favorable showing. Last year there were about five hundred members present at the meeting of the Michigan society at Detroit; and a few years since, a member of this committee attended a meeting of the Pennsylvania society in a small town in western Pennsylvania, at which nearly four hundred members were present. Of the three thousand physicians in Massachusetts, over two thousand be-

long to the state society. What has been so successful in other states will undoubtedly prove equally so in this. Our membership would be increased immediately, from five hundred to two or three thousand. Counties that now have no Medical societies would be compelled to organize. Our financial difficulties would be solved. The annual dues could be reduced from two dollars to fifty or seventy-five cents, or even less. With this increase in membership, the society would gain influence with the legislators, the people and the profession. But these advantages would be small compared to the gain in scientific work done by the society. If members knew that their papers were to be read before five or six hundred, and published in the transactions that would reach four or five thousand physicians, they would be stimulated to do better work than at present.

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#### NORTH-WESTERN OHIO MEDICAL ASSOCIATION.

The fortieth semi-annual meeting of this excellent association met at Fremont, Thursday and Friday, June 19 and 20. Although the attendance was not quite as large as usual, the character of the papers and the discussions was fully up to the high scientific standard of former times. One of the admirable traits of this society is the little time that is spent in the discussion of medical politics. Although this session was interrupted long enough to expel a member for unprofessional advertising, it was done in a business-like way, and little time wasted. Papers were read by Drs. Bain of Kenton, Rudy of Lima, Landman of Toledo, Pontius of Fremont, Dietz of Toledo, Caldwell of Fremont, Rice of Fremont, Robinson of Toledo, Hamilton of Columbus, Hubbard of Toledo, Richardson of Celina, and others. The next meeting will be held at Lima, December, 1890.

## DOCTORS THAT ADVERTISE.

During each of the past four sessions of the Ohio Legislature, bills have been introduced and pushed, aimed at the quack doctors who prey on the public. Every bill met with ignominious defeat. It may be considered as the giving away of trade secrets, and we may even be criticised by our brethren of the press for making the confession, but the newspaper men—the members who were editors and publishers—defeated all of those bills. They argued thus: “These so-called ‘quacks’ give us a very generous patronage, the so-called ‘regular physicians,’ of whatever school, give us nothing. We are simply fools to cut off our own noses to help those who say, ‘the papers be d——d.’” This is the whole secret of the defeat of the “doctors’ bills,” else why did the druggists’ bill, more rigid and less necessary, pass without opposition.

So long as the quacks, whose pictures adorn the pages of all the country papers in the United States (excepting always the *Exponent*, which, in its sixteen years’ experience has never published one of their advertisements, and although its editors voted for all of the doctor bills in the sixty-seventh and sixty-eighth General Assemblies,) liberally support the newspapers, and so long as the educated, skilled physician, through his idiotic code of ethics, refuses to let his light shine, just so long will the genuine, unadulterated quack reap a rich harvest at the expense of the public purse and health, and to the discomfiture of the legitimate profession.

We utter these words not from personal interest, but in the interest of humanity. We see our readers continually gulled by the miserable quacks who travel over the country, because they have no practice at home, while we see others losing their sight and hearing because they have never heard of Dr. Smith or Dr. Scott or Dr. Phillips, eminent men in their specialities, in their own country.

So long as the skilled physician holds to his fine-haired code of ethics, he must expect to see the quacks prosper and grow rich, while he sits in his office growling over the cussedness of the times. The trouble is with the doctors and not with the times. The times have changed and are continually changing, and the physician of the near future will be as free to make a modest announcement to the public as the dry-goods merchant or the clothier. It is a

pure case of must, unless the quacks and charlatans are to be permitted to go off with the lion's share of the practice, and the public is to be permitted to be swindled and robbed and its health ruined by these frauds.—*Chagrin Falls, O., Exponent.*

We cannot permit this article to pass which has been going the rounds of our exchanges, without comment. We wish, in the first place, to express our extreme delight in being made aware of the fact that there is one paper, at least, in the state of Ohio, that does not publish quack doctors' advertisements. But we can scarcely understand what motives animate our esteemed confrere in following up this highly commendable course, when he has such contempt for the ethics that govern the medical profession throughout the world. He must know that it is not business principles that govern the profession in this matter; but it is the fact that if advertising by physicians was once commenced, the man who could and would publish the biggest lies would get the business, and the test of real merit would soon not be one of skill, but of successful lying.

Nor do we fear that the time is coming when the skilled physician will be compelled to advertise. It is not a fact that the quacks and charlatans go off with the lion's share. A larger portion of quacks and charlatans fail to make money than do legitimate physicians. The thousands of irregular physicians who fail completely are never heard from. The few who succeed always manage through their allies, the newspapers, to whom they are indebted for success, to keep their names constantly before the public. The time is coming, and that very quickly, when blatant quack advertisements will be suppressed by law in this country, as is done in other countries. Advertising the Louisiana lottery is respectable compared with this quack medicine advertisement business.

We are pleased to note that the conscience of the religious newspapers is becoming awakened on this subject,

and that many of them are refusing to publish these advertisements; and this has been the field that has proven unusually profitable to those men who love money more than truth.

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### THE CLEVELAND HOSPITAL FOR WOMEN AND CHILDREN.

After almost four years of unremitting work, the ladies engaged in the noble charitable work of establishing a free hospital for the treatment of women and children, have succeeded in opening a hospital at 175 Vega Ave. The buildings are new, located in a neighborhood densely populated, and fairly well adapted for hospital purposes. The larger building contains sixteen rooms, has abundant space for the twenty-two beds it now contains, and the number could be increased to thirty if necessary. There are two good bath-rooms, an operating-room, closets, dining-room, kitchen, etc. It is well furnished. The smaller building contains eight rooms, and is being fitted up as fast as possible.

The need of such an institution in Cleveland is evinced by the fact that, although the hospital has not been open a month, yet nearly all the beds are full. The resources of the hospital consists of about four or five thousand dollars in money after the expenses of furnishing, etc., are met; an assured income of about twelve hundred dollars a year from membership dues, and such money as may be raised by socials, fairs, entertainments, etc., and such other contributions as the charitably disposed may give. The consulting staff of physicians consists of Dr. W. J. Scott, F. J. Weed, C. F. Dutton, Chas. Arms, M. Rosenwasser, A. R. Baker and W. T. Corlett. The visiting staff of Drs. F. W. Daykin, H. Fortlage, O. Muller, N. Weidenthal and H. A. Schwendener.

## WHO SHALL FURNISH THE PATIENT WITH MEDICINE?

A bill has recently been introduced in the legislature of this state making it unlawful for a physician to administer medicine to his patient except in cases of emergency. The physician is expected to write a prescription, and this is taken to the apothecary, druggist or pharmacist, and by him compounded and prepared for the patient.

The question of physicians compounding their own medicines for their patients has long been a mooted one among themselves, and the bill, we have no doubt, will meet the approval of many physicians and be as stoutly opposed by others. In our opinion, the citizens of Ohio are in no condition to pass any such bill at present. In the first place, whose interest must be considered in the transaction in the administration of medicine to the sick? By all means, it is the patient's. The passage of this bill will undoubtedly be urged by the druggists, or pharmacists, as many choose to call themselves now. Are they prepared for such a radical change at once? We have a very salutary law in this state now, which requires all prescription clerks to pass an examination before the State Board of Pharmacy before they are allowed to prepare prescriptions. But how long has this law been in force? Is it not true that a majority of the druggists in this state were in the business before this law was passed, and as they could not properly be legislated out of business, were given a license by simply applying for it? How many of these gentlemen were practical pharmacists before entering the drug trade? We think but very few. How many members of our legislature would care to have their medicine compounded by one who spends most of his time in selling paints, oils, perfumery, brushes, combs and fancy articles, saying nothing about patent medicines of all kinds? And would an intelligent physician care to send his prescriptions to a store, where, to all appearances, if the lithographic

illustration are to be relied on, proprietary or patent medicines constitute the principal part of their stock in trade.

If it is unlawful for a physician to administer medicine a few squares from a druggist, it is equally unlawful to administer the same dose five miles away. And it certainly would place the patients who live remote from where medicine was dispensed at a disadvantage.

Much might be said *pro* and *con* as to the finances, refilling prescriptions, counter prescribing, substituting, etc., etc., but this would only reflect on the honesty of the apothecary, which we have not under discussion at this time.

It is surprising to know how many think a physician and a druggist are synonymous terms; and it is still more surprising to know many medical students participate in such an idea and never awake to a proper realization of the fact that there is a vast difference between the two until he has spent a few hundreds of his uncle's money.

Whenever the state is so densely populated that a competent pharmacist can be supported every mile or two and a law passed regulating his duties and making it a misdemeanor for him to refill prescriptions, keep medical compounds of any kind for sale, counter prescribing, or give advice to sick "except in emergencies," we would vote to make it a misdemeanor for a physician to carry or compound his own medicine. But as the facts are at the present time, it would be unjust to the sick if such a bill should become a law. — *Toledo Medical Compend.*

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## AMONG OUR EXCHANGES.

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The unusual prevalence of *typhoid fever* in our city at this time, as well as its exceptional fatality, render suggestions as to its more successful management especially welcome. The cold bath treatment, whatever its merits, is impracticable except in hospital practice and in a few households where there are exceptional conveniences.

Not so the treatment strongly advocated by DR. R. F. LICORISH of Bridgetown, Barbadoes,<sup>1</sup> who claims that by enforcing absolute rest from the first, and the withholding of all nourishment during the early stages until the patient's appetite demands it, the course of the fever is shortened, normal temperature reappearing sometimes as early as the eighth day, but usually from the tenth to the fourteenth day. He claims that the horizontal posture is the best heart tonic during the early stages. The bed-pan and the feeding-cup are used from the first. The patient is not allowed on any account to rise even to the semi-recumbent posture until about ten days after the temperature has become normal. He maintains that by starvation the stomach gets rest, effete material is carried off, the catarrhal condition of the abdominal viscera subsides and with it comes a return of normal appetite and rapid convalescence. It goes without saying that the usual precautions about over-feeding, too early sitting up, too early ingestion of solid food, etc., must be rigidly enforced in order to avoid relapses. Drugs are given, of course, as indicated in each case. A communication by Dr. W. T. SPEARS of Rutledge, Ga.,<sup>2</sup> gives the results of some twenty cases of typhoid fever treated with salicylate of sodium according to the suggestion of PROFESSOR GEO. L. PEABODY.<sup>3</sup> To adults he gives twelve grains of salicylate of sodium every two hours until four doses are taken. The first or second dose produces diaphoresis, and after the fourth dose the temperature usually falls. The pulse becomes softer and less frequent. In no case did the fever last beyond eighteen days and often its course was still less. In addition to the sodium salicylate he uses turpentine in cases of excessive tympanites, calomel in the early stages if Hepatic symptoms be present, and astringents with opium to control excessive diarrhœa. Like the method previously cited, this method is also applicable to ordinary private practice. The editor of the *Dietetic Gazette*<sup>4</sup> calls

<sup>1</sup>Medical Record, March 8, 1890.<sup>2</sup>Medical News, May 3, 1890.<sup>3</sup>Medical News, Dec. 14, 1889.<sup>4</sup>Dietetic Gazette, April 1890.

attention to the fact that soda, used as a means of checking the lactic acid fermentation in milk may provoke *diarrhœa* if such milk is fed to a delicate child, as the lactate of sodium which is formed is a decided laxative. Lavage of the stomach seems to be growing in favor as an adjuvant in the treatment of gastric catarrh of children. DR. A. SIEBERT of New York city reports<sup>5</sup> results in 521 cases with six deaths recorded. He uses by preference a No. 10 soft rubber catheter attached by a glass tube to a fountain syringe or to an irrigator. No assistant is needed. The tube is introduced with but little difficulty. There is no danger of getting it into the larynx. He regards collapse as no contra-indication, but lays down the principle: "the deeper the collapse the sooner the stomach and bowel ought to be washed." DR. H. T. WHITNEY of Foochow, China, in an article on the effects of opium-smoking on the Chinese,<sup>6</sup> makes an observation that is of special interest to the sociologist. After describing the paresis of the bladder, the inability of erection and impotence, which so often follows prolonged indulgence in opium smoking, he states as a fact that "the opium-smoking family usually becomes extinct after the second or third generation," the habit rendering the female sterile as it renders the male impotent. The figures given by DR. A. R. GRAHAM in the new volume of the St. Bartholomew's Hospital Reports<sup>7</sup> would seem to indicate that the period of pregnancy was even more variable than it is usually considered. His figures go to show that more labors occur before the 280th day after the cessation of menstruation than after that period, while over 300 days is not a rarely recorded period of gestation. The gynecological-hysterectomy-ovariotomy-salpyngotomy craze is catching it on all sides just now. DR. THOMAS MORE MADDEN of Dublin<sup>8</sup> makes a strong plea for more reliance on medical treatment in diseases peculiar to women.

<sup>5</sup>Arch Pædeatrics<sup>6</sup>Satellite Feb. 1890.<sup>7</sup>Jour. Amer. Med. Association, May 17, 1890.<sup>8</sup>Am. Pract. and News, May 10, 1890.

Hydrosalpinx, he says, may terminate favorably without any surgical interference. Accumulations of fluid, whether purulent or otherwise, may be evacuated through the vaginal roof. Rest during the menstrual period, hypodermic injections of ergotine, vigorous treatment with agents promoting waste—notably iodide of potassium, will often check the growth of myofibromata, and that without risk to the patient's life. He urges that when such cases come under the observation of the physician, the latter should "rise above a narrow gynecological specialism;" and with regard to active local treatment in ordinary cases of chronic inflammation of the uterus and its appendages, he says: If we trusted more to constitutional remedies, . . . I verily believe that in many instances our patients would get well sooner than they do when the local irritation is increased *secundum artem* by frequent examinations and the repeated application of escharotics or the curette." Excellent results are reported from the use of chloroform water in *false croup* by DR. H. B. BASHERE.<sup>9</sup> He uses five to ten minims of chloroform to the ounce of water, adding a little glycerine to increase the solubility of the chloroform. A teaspoonful of the mixture is given every half hour during the attack, giving the dose at longer intervals as the attack passes off. He regards this mixture as safer than chloral, as the chloroform is in part eliminated by the lungs. In obstinate irritative *coughs* in children following inflammatory affections which have subsided, DR. S. SOLIS-COHEN<sup>10</sup> of Philadelphia prefers the fluid extract of encalyptus in doses of five drops every two to four hours for a child of two years. The drug is best given combined with syrup of tolu or syrup of acacia.

DR. MAYS<sup>11</sup> reports excellent results from the hypodermatic injection of strychnine and atropine (strych. sulph.  $\frac{1}{50}$ — $\frac{1}{20}$  gr., atropiæ sulph.  $\frac{1}{150}$ — $\frac{1}{100}$  gr.) in obstinate cases of asthma. *Per contra*, DR. PEARSE<sup>12</sup> claims that nothing in his experience equals nitrate of sodium in

<sup>9</sup>Medical Record.      <sup>10</sup>Med. News, May 24, 1890.

<sup>11</sup>Med. and Surg. Journal.      <sup>12</sup>Lancet.

this disease. He usually gives it alone, occasionally, however, combining it with full doses of tincture of hyoscyamus or with lobelia. He finds it best borne in from three to five-grain doses frequently repeated.

DR. MURRAY, an English physician<sup>13</sup> is treating *renal colic* with toxic doses of belladonna. Starting with from 10 to 20 minims of the tincture, he repeats every two hours till its full physiological action on the eye and throat appears, then in increasing or diminishing the dose according to the effect on the pain. Expulsion of the calculus usually follows in a few hours. Belladonna seems to control the pain far better than opium and to favor a more prompt discharge of the calculus.

*Waking numbness*—that tingling sensation of the arms and fingers which so many middle aged people experience on waking, especially if they have fallen to sleep in the daytime, is attributed by the editor of the Medical Summary<sup>14</sup> to the presence of a rheumatic element. He finds the best results from the following combination of iodide of ammonium: R. ammonii iodid. ʒi. Pulv. acac. syr. tolu, aquæ aa q. s. ad. fd. ʒiii—m. Sig. One teaspoonful in water every four hours. DR. G. H. Fox of New York calls attention to the great value of *culpholeate of sodium*<sup>15</sup> as a basis for ointments intended to penetrate the skin. Unlike other excipients, it will dissolve sulphur, chrysarobin and other drugs which have hitherto been applicable only in a finely triturated condition. He says: "As a liniment employed for the purpose of conveying various medicaments into or through the skin, the hydrated sulpholeate of sodium has proved in my experience superior to any substance we now possess. While it sinks into and softens the skin like glycerine, by virtue of its hygroscopic property it has the additional and important advantage already mentioned, of dissolving and carrying various substances with it." The abuse of soap and water is charged by DR. B. MERRILL

<sup>13</sup>Prov. Med. Jour. Oct. 1889.      <sup>14</sup>Med. Summary, April 1890.

<sup>15</sup>Jour. Cut. and Genets Urinary Diseases.

RICKETTS<sup>16</sup> of Cincinnati, O., with causing in persons of delicate skin a reddened, burning, scaly condition of the face simulating eczema. For this condition he interdicts the use of soap and water, and prescribes the use of pure olive oil frequently applied with a soft linen or silk cloth. Rice powder may be used after all free oil has been thoroughly removed with soft linen or silk. Oil so used will remove dirt as effectually as will soap and water, and leave the skin in a far more normal condition.

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## NEW BOOKS.

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'A TEXT BOOK ON DISEASES OF THE EYE' by Henry D. Noyes, A.M., M.D., William Wood & Co., New York. For sale by P. W. Garfield, Cleveland, O.

It gives us great pleasure to welcome this work to the literature of American medicine. Although many good books have been written on ophthalmological subjects by American writers, there have been none so distinctly American as this, and entitled to take a place as a classical work alongside of Flint's "Practice," Gross's "Surgery," Thomas' "Diseases of Women," or Dacosta's "Physical Diagnosis." Books of this character should find their way to the shelves of every practitioner in the country.

Much of the ophthalmological literature heretofore published in this country has either been translations from German authors, or at least dominated by their theories, and has not been marked by that practical element so characteristic of our best medical writers.

We cannot enter into a critical examination of the work further than to state that the first part is devoted to the general anatomy and physiology of the eye with its functional disorders, and the second to the consideration of inflammations and organic textural changes. The relations of the eye to cerebral and nervous troubles is very fully discussed, and a casual glance at the index will reveal how fully the relation of the eye to remote organs and general diseases is considered. It is a volume of

<sup>16</sup>Ibid.

about seven hundred and fifty pages, profusely illustrated, and typographically executed in the style characteristic of Wood's best works.

'STORIES OF A COUNTRY DOCTOR' by Dr. Willis P. King of Kansas City, Mo.  
Price \$2.50. Illustrated by T. A. Fitzgerald.

This is a book of four hundred pages, containing twenty chapters, printed in large plain type, on heavy, super-calendered paper, with seventy-two illustrations (photo-engravings) by T. A. Fitzgerald of New York.

The introductory chapters deal with pioneer life in Missouri, embracing such subjects as "The West," "Education and Pioneer Schools," "Old Time Dances and Parties," "Civilization and Pioneer Weddings," "Then and Now," etc., giving a graphic account of the life, customs and habits of the people of Missouri in the "good old days," with funny stories and incidents relating to those times.

The remaining chapters of the book narrate the experiences of the author in the practice of his profession for a quarter of a century, dealing with such subjects as "Ups and Downs in Early Practice" (two chapters), "Superstitions, Traditions and Foolish Ideas," "Preacher Doctors, Midwives and Nurses," "The Branch-water Man," "Death-Bed Repentance and Confessions," "Consultation and Code," "Liars and their Lies," "Sham Suicides," "People who Annoy Doctors," "Did He Kill His Wife?" "Going Back to College," "Quacks and Quackery," etc., giving many peculiar characteristics of humanity, as met with both in and out of the profession, in the sick and in the well, with funny stories, accidents and incidents illustrative of these characteristics.

The book is profusely illustrated, written in easy style and is full of side-splitting fun from beginning to end.

## NOTES AND COMMENTS.

*Ohio State Medical Society.*—The following officers were elected: President, Dr. W. J. Conklin of Dayton; first vice-president, Dr. D. N. Kinsman of Columbus; second vice-president, Dr. B. L. Millikin of Cleveland; third vice-president, Dr. D. J. Snyder of Scio; fourth vice-president, Dr. Orpheus Everts of College Hill; secretary, Dr. G. A. Collamore of Toledo; assistant secretary, Dr. J. A. Spence of New Philadelphia. Next place of meeting, Put-in-Bay.

*The Seventeenth Annual Session* of the Mississippi Valley Medical association will be held at Louisville, Kentucky, October 8, 9 and 10, 1890. The meeting promises to be of great social and scientific interest, as the profession of Louisville are doing their utmost to make it a success. Ladies accompanying physicians will be made especially welcome. Gentlemen desiring to read papers will please send titles of the same to the secretary, Dr. E. S. McKee, Cincinnati, at an early date.

*A proposed atrocity in the census* is thus pointed out by the New York Medical Journal. A published list of the points on which information is to be asked for—and refusal to give it to involve a penalty in the shape of a heavy fine—by the census enumerators contains the following: "Whether suffering from acute or chronic disease, with name of disease and length of time afflicted." "Whether defective in mind, sight, hearing or speech, or whether crippled, maimed or deformed, with name of defect." We have no hesitation in saying that questions on these points are useless for statistical purposes, because, so far as they are answered at all, they will be answered ignorantly, mendaciously or evasively in the great majority of instances. To put such questions to every man and woman in the United States is a piece of offensive impertinence; to attach a penalty to refusal to answer them is a monstrous oppression. The atrocious scheme ought to be crushed by those in authority.

*Indisputable Proof.*—The body of a woman who had been dead for over a year exhumed to settle a dispute. Philadelphia, May 17.—Mrs. Catharine A. Teagle, a colored woman, died in December, 1888, at the

age of eighty-two. She left an estate valued at over \$50,000. Dr. Teagle and Rachael Reasoner, a niece of Mrs. Teagle, were the heirs to the property; but Robert Clayton, who claimed to be the son of Mrs. Teagle, demanded a share of the property. Dr. Teagle declared that Clayton was a son of Mrs. Teagle's sister. In order to definitely determine the point, it was decided to exhume the body and submit a portion of it to expert examination. The task was committed to Dr. Formad of the University of Pennsylvania, and after a careful investigation for two days, assisted by the microscope, he found indisputable proof that Mrs. Teagle had never been a mother. The case will now be speedily brought before the courts. This is one of a few rare cases in this country where post-mortem investigations have been made to determine a dispute over maternity. There have been a number of such cases in Europe, where these questions are of infinitely greater consequence than here.—*News and Herald.*

*By one of those* strange coincidences that so frequently happen, two members of the medical class of Wooster University died within a few hours of each other last week. William C. Lindeman fell under the trail car of one of the South-side motors, and was injured so badly that he died the same evening. Joseph Chalus, who had been sick for some time, died from typhoid fever.

*Dr. Culbertson.*—Dr. Culbertson of Zanesville, O., died at his home June 18, aged 62 years. Dr. Culbertson attained merited distinction as a medical writer. Probably his largest work was that 'On Excisions of the Large Joint of the Extremities,' a work of 700 pages, and is a standard authority on this subject. His paper on "Experiments to determine in what manner chloroform produces death," was one of his most meritorious works. He was a voluminous contributor to the medical journals, a few of his contributions appearing in the GAZETTE. Dr. Culbertson had much of the genius of invention, as displayed in a number of designs of surgical and optical instruments, some of the latter being quite complicated and of great scientific value.

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## ORIGINAL ARTICLES.

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### RICKETS.\*

BY J. P. WEST, M. D., BELLAIRE, OHIO.

During my college days, in '80-'82, there was a great difference of opinion in the faculty as to the prevalence of rickets, or rachitis, in this country. Professor Forcheimer, a specialist on diseases of children, who had received a large part of his education in Europe, where this disease is common, claimed that it was of very frequent occurrence in this country also. This was disputed by others of the faculty. A few mornings' attendance on Professor Forcheimer's clinic could not but convince one that there were a great many cases of this disease in Cincinnati at least. After receiving my degree I came to my home in St. Clairsville with the impression that I would not see any cases of rickets in my practice, and that it was the unsanitary and over-crowded condition of cities that caused it. This illusion, for such it proved to be, was soon dispelled. About ten days after reaching home I was asked, through courtesy, by Dr. Close of this society, to

\*Read before the Belmont County Medical Society, June 17, 1890.

see a case with him. I did so and saw a pronounced, I may say the most marked, case of rickets that I have as yet seen in private practice.

Defined in a few words, rickets may be said to be a disease of childhood, arising from perverted nutrition, affecting nearly all the tissues of the body, but chiefly characterized by softening, with, if the case goes far enough, a deformity of the bones.

I do not know what may be the opinion of the members of this society as to the prevalence of this disease in this country, and county particularly. In my own opinion it is a very prevalent one, and one that demands more attention than it receives. It was formerly held by many, and is to a considerable extent yet, that it is a disease almost wholly confined to foreign countries, and that the cases and results seen in this country are imported. From my own practice I can say that a mild form of rachitis is very frequent here, but we do not, or very rarely at least, have the severe form we are led to believe occurs in Europe. There many die of it, or recover with, as a rule, marked deformities of the bones. It is very rare about here for any marked deformity to result, and what little may be left usually disappears with age. I only know two deaths due directly to this cause; one of these a mulatto. They are predisposed to this disease and suffer severely from it.

I will read you the notes of two cases that have occurred in my practice. I select these two cases out of many I could cite you, on account of one being mild and the other severe. They will serve as types of what I see frequently.

I first saw E. K., male, *act.* fifteen months, on April 13, 1890. He is the second of two children. The first child is now well, but had the same trouble. The parents are young and in all respects healthy, and have lived in Bel-laïre since September, 1889. At birth the child weighed eleven and a half pounds and now weighs sixteen pounds. He was well until four months ago, or just shortly after

being weaned. At this time the bowels became loose, the passages offensive, and in spite of different medicines to check them there has been more or less diarrhœa ever since. Has but little appetite, but drinks a great deal of water. Sleeps poorly, wakes often and wants a drink, and sweats freely, particularly about the head, when he does sleep. Always kicks the bed clothes off and takes cold frequently. When eleven months old he commenced to walk with aid, but about this time he began to dwindle, became peevish and fretful, would not try to walk any more, and what had been a good-natured child became a very cross and peevish one. The first teeth were cut when five months old; the last in October, just a month after the beginning of his illness. Upon examination I found a thin, pale child; one that would not be made up with. The muscles were soft and flabby, with very little adipose matter. The face had an old look. There were seven teeth with no appearance indicating the early eruption of others. There was some enlargement of the joints, but not enough to attract much attention. At the junction of each rib with its cartilage a small knot or lump could be felt. The belly was full and tympanitic. This I diagnosed as a case of rickets and put the child on treatment that I shall speak of presently, and in one week there was improvement. One month after beginning treatment he had gained three and a half pounds, was much better natured, slept more, appetite and bowels were better, and was altogether a different child.

The second case was M. C., male, aged nineteen months. An only child. The parents were both about twenty-five years old, stout, rugged and the pictures of health. The child, born in July, 1885, was particularly healthy until the latter part of August, 1886. Now he began to lose flesh, look thin, and had a troublesome diarrhœa. No medical attention was sought, the parents thinking his trouble due to teething and the warm weather. In October a homeopath was called in, and attended him for a month. He informed the parents that it was only a

slight bowel trouble that would soon get well. But as he did not get well a second homeopath was called, and made a diagnosis of "marasmus, or a general wasting away of system." This second one was in attendance nearly four months, with the result that the child grew steadily worse. At this time, in the middle of February, 1887, the child was brought to me. It being a very pleasant, sunny Sunday afternoon, the father bundled him up well and brought him to my office. He was now nineteen months old, and had been sick six months. The father, an intelligent man, gave me a very complete history of the child from his birth up. He told, with pride, how before this illness his baby would eat everything, and, with sorrow, that now his boy would not eat anything. Told me of the offensive diarrhœa, the crossness and peevishness with which he began to ail, and the confidence that was felt in its cessation with the advent of cooler weather. How he grew thinner and weaker; of his first staggering, and at last refusing to walk; of his crying when lifted; of sleeplessness; of being unable to keep him covered at night; and of his soaking his pillow with sweat when he would sleep. He drew a very complete picture of rickets, and it hardly needed the child to fill it out. The old woman in the case had decided for them that it was consumption of the bowels, and that his days would soon draw to a close. He was brought to me to have this diagnosis confirmed, but happily I did not have to do so. The child had an intelligent but wearied face. He could and did talk plainly. Taking off the clothes, I found him greatly emaciated. All the joints were enlarged and prominent, and knots one-half as large as the distal joint of one's little finger could be plainly seen, as well as felt, at the junction of each rib with its cartilage. There was present the condition known as chicken-breast, *i. e.*, the sternum projected very much, and instead of a gentle curve from the sternum to the ribs there was an abrupt slope; the ribs were flattened, and the costal cartilages, instead of running as a projection of the ribs, were at an

angle with them. He would flinch and finally cried out when pressure was made on the sides of the chest. There were some mucous rales over both lungs. The abdomen was full, prominent and tympanitic; the liver was easily felt. The fontanelle had not closed, the head was square, and he had the usual number of teeth. He was put on anti-rachitic treatment, with but little improvement until after the tenth day; at this time he developed a case of tetany, which lasted twenty-four hours. After this he began to improve, and in about four months he was well and a stout, healthy child. There was no deformity left, with the exception of a square rachitic head, which was well marked one year afterwards, the last time I saw him.

This was a severe case of rickets, and had the disease not been soon recognized and the proper treatment instituted, the child would have soon succumbed to it, I believe. Cases of this kind not only occur in Bellaire. I have told you of the case seen in St. Clairsville, and I know of and have been told of others there. A well marked case was brought to me from one of the best families in Woodsfield. I need but to mention the high hills upon which these two towns are situated, the abundance of good air and room, and the good sanitary surroundings.

I have given in these two cases most of the symptoms of this disease, but it may be well to look at them more in detail. There are three prominent ones, in most cases, by which the disease may be diagnosed easily and early. They are: First—Profuse perspiration about the head, particularly when the child is asleep. Second—Will not lie covered at night; kicks the bed-clothes off in winter as well as in summer. Third—Pain when lifted with the hands around the chest. When I find these three symptoms, or any two of them, I conclude at once that I have to deal with a case of rickets before making a physical examination; seldom does an examination fail to confirm this. But since very many of the cases are of a

mild type, a diagnosis may have to be made from fewer symptoms. It may be laid down as a rule, with but few exceptions, that a rachitic child is a cross, peevish one ; and, by the way, this disposition is due to the disease and not to mere willfulness. They cry if moved about or handled much, because it hurts them to be handled.

With this one general symptom as a starter, careful examination will reveal probably only one, or probably two or three others, upon which to base a diagnosis. For instance, I knew a cross child with but one other symptom of this disease, and that the rachitic rosary, or the beads at the sternal ends of the ribs. Anti-rachitic diet and treatment made a different being of the child in a short time. The response to treatment is another symptom or more correctly verifies the diagnosis. Children are brought with a ready-made diagnosis of chronic diarrhoea, or a diarrhoea that can be checked for a time, but will not be cured, or one due to teething and warm weather, the parents living in hopes that when these are over the case will get well. It is in such cases as these that the ordinary or favorite remedy fails, because the underlying causative condition is not remedied. A short time since I saw a child seventeen months old who had one tooth, the fontanelle not closing, could not walk, would eat very little, was drinking continually, and had frequent mild attacks of bronchitis. Another had the square head, full and tympanitic abdomen, with an offensive diarrhoea. Another but little appetite, would sleep but little and then sweat, bowels costive with mucous discharges. Another a changeable appetite, full abdomen and diarrhoea, would sweat about the head awake or asleep, and always kick the covers off of herself. All these children were cross ones. These little patients are generally poor sleepers. They sleep little or more during the day and are restless at night. Many children that are backward in teething and walking, and many that are cross, are so simply because they suffer from this disease. I don't mean to say that all cross children, nor

all children backward in teething and walking, nor all with a full belly, nor all troubled with sleeplessness and sweating are rachitic, but I do mean to say that a very great many are. As I said before, the disease may not be pronounced in each individual case, but a careful review of the case will reveal enough of the symptoms for a diagnosis where you will not get anything definite by which to diagnose any other disease; and occasionally we will find indefinite ailments that anti-rachitic treatment will speedily remove.

Many cases recover after a long time without any medication. But from a selfish standpoint these are the cases that abundantly repay treatment; for in a short time a complete change will be put on the face of affairs and what family will not be grateful to him who makes a good baby out of a bad one. But of far greater importance is the outlook from the little patient's standpoint. If the disease is recognized and treated early, every day so gained is a gain for life. Sometimes they die from rickets *per se*; deformities may be left. Still more important is the fact that early treatment is a protection against other disease that may attack the sufferer, for in their weakened condition they are more prone to succumb to an acute illness that otherwise they would be able to overcome. In the language of the laity, these children take cold easily and often. This is true and not to be wondered at. In this disease the arteries are very large, the circulation slow and sluggish, and there follows naturally a tendency to congestion and catarrhs. Particularly is this true of the respiratory organs. Now with this tendency tack on measles or whooping cough, with their accompanying bronchial catarrh, and we will have a very dangerous or probably a fatal illness. The same reasoning holds good with intestinal troubles. I believe a good many deaths caused by measles, whooping cough, and acute lung and intestinal affections are due secondarily to rickets. This change causing a condition that is

prone to make a trifling ailment run to a fatal issue, is a very important consideration.

I have not found the condition mentioned by the authors, and called *craniotabes*, in which the bones of the head, particularly the occipital bones, are very soft in patches and give and creak on pressure. The few times I've seen marked deformities have been in mulattoes.

The cause of this disease is, in a very large proportion of cases, improper food. While breast milk is, of course, *the* food for a child, a pregnant mother's milk is not. Neither is an anæmic and broken-down woman's milk proper for a child to grow and develop on; nor a woman's who drinks beer, keeps late hours, and partakes of other dissipations. Many parents consider it a sign of smartness when their child of twelve or eighteen months will sit at the table and eat of everything and anything they eat. Some can do this and get on; others develop a gastric, intestinal, or gastro-intestinal catarrh, followed by rickets or marasmus. Lactic acid has been fed to animals with the result of producing rickets. The feeding to children of improper food, especially of too much starchy food, will cause a lactic acid fermentation, and this if only continued will produce this disease. Bad air is said to be a cause. Some cases develop after the acute exanthemata. Too rapid child bearing may cause it. But the very large majority of cases I have seen could be traced to the food. The disease occurs with about equal frequency in the two sexes, and most of the cases before the eighteenth month, the time the child is weaned and receiving its elder's food.

As I said in defining this disease, it is one affecting nearly every tissue in the body, but chiefly the bones. The bones become softened owing to a larger proportion than normal of organic constituents. In some few cases there is present more organic than inorganic material. This is thought by some to be due largely, at least, to the dissolving of the inorganic constituents by the lactic acid; but there appears to be, in addition to this, another

factor as yet unknown. To this softening and consequent yielding is due the deformities. The ends of the long bones become enlarged, owing to there being, instead of one or two layers of bone-forming cells, a very great many layers of these cells that are imperfectly ossified. This also occurs, to a certain extent, on the shafts under the periosteum.

The prognosis has been fully indicated in the above. I have also said enough concerning prevention—it consists almost entirely in proper feeding.

Finally, as to the treatment. Since a child with rickets will have had improper diet, our first object necessarily will be to correct the dietary. Not to draw this out too long, I will give the treatment I ordinarily pursue. I direct, first of all, that the patient be kept away from the family table, and that the larger part of his food shall consist of milk. Some starch is allowed, as bread, and barley or oatmeal soup occasionally. For the reason mentioned before, care is taken that too much starch is not given. Beef broth is allowed two or three times a day, or he may have a piece of beef to chew. If there is diarrhœa, mutton broth is given, or if constipation, veal broth. If the patient is over twelve months old, a soft-boiled egg once a day. Not much of any fruit or vegetables. Should there be the usual bowel trouble, potatoes are almost sure to increase it, and hence are prohibited. I try to have the feeding done regularly, four to six times a day, and caution that the stomach be not over-loaded at any time. A very important ingredient in all the food is a bountiful supply of common salt.

Often in health children suffer from a lack of this necessary article. In this disease there is a larger proportion of lactic acid and a smaller proportion of hydrochloric acid generated than normal. Salt taken into the stomach is broken up into its elements and a part of one of them goes to form hydrochloric acid, the natural acid of the stomach. It also increases the secretions from the stom-

ach, liver and pancreas; it increases osmosis and is a very great aid to digestion. Thus we see the necessity of a free use of salt, and how it improves the appetite, and quickens assimilation and nutrition. I also direct that a salt water bath be given every morning. For this purpose a bowl of water of a pleasant temperature with a small handful of common, coarse salt in it is used. A little cooler water is added from time to time. The child may object to this at first, but I insist on its continuance, and they soon come to enjoy it. Salt water is more stimulating to the skin than fresh water, a better reaction is obtained, and they are borne better with less danger of giving cold, and are in fact a preventative to taking cold. Brisk rubbing after the bath is a necessity. With this treatment alone I have succeeded in curing a number of mild cases of rickets. More frequently other treatment is required, but for all this is a part of the treatment.

The condition of the bowels usually need attention. Should there be diarrhœa, I use bismuth; sometimes alone, at others with pepsin and hydrochloric acid. If there is constipation with or without mucous discharges, I use bicarbonate of soda with fluid extract of senna and tincture of nux vomica. For the general condition, cod liver oil is probably the most powerful agent for good we possess. It can be given alone or in a mixture, and is usually taken readily and seldom disagrees. For those few with whom it does disagree, it can be applied externally, or given with malt or maltine. Temporary ill effects can be remedied by stopping it for a short time and the use of a few doses of bismuth. I am in the habit of using the following formula and cannot now recall a case with which it did not agree,

R Oc. morrhuae . . . . . ℥iii.

Aq. calcii.

Syr. calcii lactophosphat, aa ℥ii. M. S. ʒi.t.id.

As this does not make a good emulsion, it is necessary to shake it well before giving it. This is an excellent mixture not only for rickets but for many other troubles

in which cod liver oil is indicated. I don't give the lime with the idea of getting any specific effect from it; the quantity is too small, but it helps to split up the oil and has more effect on the acid dyspepsia or gastro-intestinal catarrh than in any other way. It certainly enables the oil to be better borne. I sometimes substitute the hypophosphites for the lactophosphate of lime. I further instruct the parents as to the ventilation of the sleeping room, order them to take the patient into the open air as often and as much as possible, and show them how to lift the child with one hand under the nates and the other under the back and head, instead of one under each arm.

The internal use of small doses of phosphorus is highly spoken of by many good authorities. I have been so well pleased with the treatment detailed that I've never tried the phosphorus. It is recommended particularly in those cases with craniotabes and other severe symptoms that we seldom have. Phosphate of lime was at one time a favorite remedy, but is now condemned in very strong language by those high in authority. Theoretically it would appear to be a very good remedy, but practically it has been shown to be worse than useless.

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## CARCINOMA MAMMAE—THEIR EARLY DIAGNOSIS AND TREATMENT.\*

BY DUDLEY P. ALLEN, M. D.

Visiting Surgeon to Lakeside, Charity and City Hospital, Consulting Surgeon to St. Alexis Hospital, Cleveland, Ohio.

Cancer of the breast is certainly not a new disease, nor one which has been little considered. It would seem that its diagnosis and the indications for its treatment must be clear to every physician. Personal experience, however, would lead one to believe that common rules of diagnosis are far from what they should be, and that the prevailing advice as to the time for operation is bad.

\*Read before the Ohio State Medical Society, June 4, 1890.

About eighteen months ago I read a paper upon this subject before the North-eastern Medical Society of Ohio, giving a careful study of the statistics of cancer, operations, etc., together with my personal opinions. Since that time the belief has grown upon me that the common advice given to women with tumors of the breast is wrong. Patients are constantly coming to me saying they have had a growth in their breasts one year, or two years, and that their physician has told them there was no haste in their case, either because the nipple was not retracted, or the skin was not broken, or the glands of the axilla were not enlarged.

The last statement, viz., that there was no certainty that the tumor was a cancer, and consequently there was no haste about an operation, since the glands were not enlarged, is the most common.

When there is a distinct tumor in the breast with retracted nipple—when there is intense pain, with an open, ulcerating surface, when the enlarged glands of the axilla can be distinctly felt, then is the time to send patients to cancer specialists to have their tumors and pocket-books eaten out together. It is far too late for the surgeon.

Unless we want to bring the operation for the removal of cancer of the breast into disrepute, and cause more suffering than benefit, we must learn to make a diagnosis far earlier than this.

I have removed the breast, and cleared the axilla in cases where every one of the signs of cancer just mentioned (save the presence of a tumor) were absent, when delay had been strongly advised, and have demonstrated by microscopic examination that the tumor was a carcinoma, and that the axillary glands were infiltrated with the malignant growth.

If you are asked what are the *sure signs* of cancer of the breast (and in this paper the term cancer is used in its broad sense to represent malignant growth), I will answer, "I do not know." If the case presents itself before any of the signs already mentioned are present, there are a

variety of considerations which go to make up a diagnosis. The age of the patient is of importance, though it must be remembered that while cancer is most common after middle age, it may come in young women, and in them prove most malignant. The rapidity with which the growth has appeared; whether it ever diminishes in size or not; whether there have been signs of inflammatory action; whether the hardness corresponds in outline to enlarged milk ducts or not; whether the growth is spherical and smooth or oblong, irregular and radiating from the nipple, or irregular, nodular and hard; all these things influence a diagnosis, and still by every precaution a positive diagnosis is not always possible. If I were to state on what I most rely for diagnosis, I should say upon the form, arrangement and density of a tumor. There are, however, tumors to which this will not apply. Recently three cysts of the breast have come to me for operation. One presented at the time of operation every appearance of a haematoma. It was opened, cleaned out and packed, and healed all except a small fistula. In two or three months a point of induration appeared at one side of this fistula. Microscopic examination of a small piece removed from the growth showed this to be carcinoma. The whole breast was then removed and the axilla was cleared, when it was found that the glands were enlarged and cancerous. A second case was diagnosticated to be cancerous on account of the great hardness, retraction of the nipple, and a history of nearly two years standing, without pain. An incision set free several ounces of this thick pus. The cavity was packed and healed. Two weeks ago, over a year after the operation, this patient came to me, with returning induration, which seemed to be cancer. Four days later there was some pain; examination disclosed a point of fluctuation, and I evacuated a small amount of pus. Sufficient time has not elapsed since this incision to determine the result, but I shall not be surprised if a cancer is developing in the wall of this old abscess. The third case of cyst was correctly diagnosticated

from its spherical contour, since its density would have led one to suppose it to be solid. What the ultimate history of this case will be I do not know, as six months have not elapsed since its removal.

Rare cases occur from time to time. Some time since I was called in counsel and aided in removing a hard spherical tumor from the breast of a lady about seventy years of age. She said it had existed from the time of Dr. Ackley, back in the fifties. It was one and three-quarter inches in diameter, and had a shell as hard as a hickory-nut, and was removed only by the positive demand of the patient, since she said the growth was becoming painful and she feared the development of a cancer.

While it is not infrequent for cases to be sent me for operation, which I decide are not malignant, and have the pleasure of seeing disappear under treatment, it is my positive belief that all tumors of the breast which cannot be proved to be non-malignant should be looked upon with suspicion, and that every means should be exhausted to arrive at a correct diagnosis and proper treatment as early as possible. If there is only a probability of malignancy, an exploratory incision, with the removal of a small piece of tumor for microscopic examination would be far preferable to indefinite delay. A wound made for this purpose would heal in a few days, and its disadvantages would be incomparably less than to delay operation until the axillary glands are infiltrated and the chances of permanent cure greatly diminished.

But why insist so strongly upon early diagnosis? Simply because upon this must depend the benefits of operation. By the old methods of simply removing the breast without clearing the axilla, there were but about twelve per cent. of permanent cures. By the present method of removing the breast widely and clearing the axilla completely, there are about twenty per cent. of cures; and, it is my belief that, by early diagnosis, the percentage of cures can be increased still further. The most careful statistics of operations which I have been

able to find, place the percentage of cases in which the axillary glands have been found to be involved at about eighty-eight per cent. For my own part, I have never yet operated upon a carcinoma of the breast and cleared the axilla without finding malignant infection of the glands, and this too where none could be felt before the operation.

If cases are operated before the axillary glands are involved, or at a period when they can be entirely removed, the number of permanent cures will, I am sure, be materially increased.

The results obtained from the operation must necessarily vary widely with the condition of the patient operated upon, the advancement of the disease, and the skill and thoroughness of the operator. In properly selected cases, death will be very rare; for the reason that it is useless and often worse than useless, to operate upon cases where the disease is far advanced. Unless the disease can be radically removed, it is, in my opinion, best not to operate. To remove a carcinoma incompletely usually results in the part remaining growing more rapidly than before, and I believe the sum total of a patient's sufferings to be greater than would have been the case had no operation been undertaken. By this, I do not mean that all cases which are not permanently cured are worse for operation, for this is not the case. I mean that those cases where the return of the growth is almost immediate, are often worse for operation. In some cases, even though the cancer recurs and the patient ultimately dies of the disease, operation may do much to relieve suffering. The growth may be extirpated and recurrent growth be removed repeatedly, thus gaining a patient perhaps years of life, and though death may finally result from the disease, it may be in ways much less painful and loathsome than from an opening, sloughing and painful cancer of the mamma.

The results of operation must be considered in their immediate and remote aspects. The immediate results are, as a rule, excellent. Usually, the most extensive

wounds caused by removal of the breast and clearing the axilla, heal, if not by first intention, yet rapidly. I have repeatedly sent patients to their homes in two weeks after the operation, though some cases require three or a little longer time. Deaths are very rare. I have never had one which could be directly charged to the operation. In one case, a lady seriously afflicted by arthritis deformans, came for her third operation for a recurrent carcinoma mammae. Her wound healed by first intention, when one night she became chilled and an attack of rheumatism came on, from which the patient died. In a second case, of an old lady, the wound healed by first intention; she sat up, and I turned the case over to her physician. Gradually, listlessness and drowsiness came on, and later the patient died, simply from a gradual stoppage of vital processes and without any complaint or pain of any kind. I certainly consider the operation, if well done, comparatively free from danger to life.

The ultimate results of operation are, unfortunately, not all that could be desired. The pain accompanying the disease is usually relieved, but at times it continues. In some cases this continuance is apparently due to pressure upon the nerve trunks, as they pass through the axillary space, and may be occasioned by recurrent growths, or by cicatrices pressing upon the nerves, and pains caused in this way may be intense.

At other times, the division of cutaneous nerves may result in pain, which is referred to the parts which they supply, instead of to the point of injury. This is most common along the inner aspect of the arm, when the cutaneous nerves are evidently injured. I suspect there are other cases in which pain results from the condition of irritability in which nerves have come to be prior to operation, and as this condition has already reached beyond the field of operation, it is not removed by the operation. Pain caused by pressure from cicatrices or recurrent growths in the axilla is by far the most severe,

and may be accompanied by great swelling of the arm. Fortunately, this rarely occurs, but when it does, it is a very unfortunate condition. It is exactly the condition which all have seen result from cases where no operation has been performed, and in which the malignant growth has thoroughly invaded the axilla. The influence of the operation upon the functions of the arm is various. In most cases, motion is impaired for a time. This may result from disturbance of nerve supply, or from pain caused by lifting the arm, and a consequent stretching of the cicatrix caused by the wound in the axilla. I have seen cases in which motion was thus impaired, regain fully every motion, though in some cases the arm became fatigued sooner than before operation.

The two motions most commonly interfered with are those of raising the hand to the forehead and of carrying the arm backward and upward, so as to button clothing. The former has seemed to me to be due chiefly to pain caused by stretching the cicatrix in the axilla, and gradually improves. Impaired motion backward results from wounding of the plexus of nerves at the back of the axilla, and can usually, though not always, be avoided by a proper dissection of the axilla.

Recurrence of the disease occurs, unfortunately, in a large proportion of cases. Only eighteen to twenty per cent. of permanent cures—that is, cases observed for three years after operation—have yet been secured. It is my belief that if cases were diagnosed and operated upon at an earlier period, the percentage of cures would be considerably augmented. To secure this result, however, the family physician must be more thoroughly aroused to the importance of early action and to the dangers incident to delay. He must cease to advise patients against operation until the nipple is retracted and the glands in the axilla can be felt to be enlarged, for, by so doing, he is taking from his patient her best chances of permanent cure.

What cases should be operated upon and what ones left to

run their natural course? It goes without saying that cases where the disease is apparently limited, and where rapid healing can be secured should be operated, for in these is the greatest hope of permanent cure. There are other cases where glands can be felt in the axilla, or where the skin is so involved that it is doubtful whether the wound will heal without the almost immediate recurrence of the growth in the cicatrix. If this speedy return is probable, I should say, do not operate. The decision as to whether to operate or not must depend upon one's judgment of each individual case. Because there are recurrent growths is, however, no evidence that an operation were better unperformed. In some cases recurrence comes slowly, and the modules may be removed by repeated small operations, and the growth ultimately wholly eradicated, or, if not, the life of a patient be greatly prolonged and her comfort much increased.

To be relieved from an open, sloughing and offensive ulcer of the breast with its accompanying pain, and to die from the invasion of the internal organs, with the accompanying caehexia, is certainly no small gain. I recall one patient where the first return of the disease was after eleven years. I then removed a small recurrent growth from the axilla and she died three years later without further external evidences of cancer. The patient died at a distance from me and there was no autopsy.

When the disease does recur after an operation, I believe it is important to operate at once, and as often as the recurrent growths are in a position to be operated safely and the patient to endure the operation.

The method of operating is an essential element of success. When we consider that the axillary glands are involved in so large a proportion of cases, and that the disease recurs so frequently in this locality, there can be no question as to the advisability of clearing the axilla of the disease. Against this may be argued that by so doing there is greater liability to impairment of the function of the arm. This is doubtless true. To impair an arm is

a serious matter, but if thereby a life can be saved or even prolonged, the cost is not too great. My belief is that the axilla should be thoroughly cleared in every case. To do this to the best advantage, some comprehensive plan is necessary. To prolong the thoracic incision from the breast into the axilla and remove whatever enlarged glands can be felt, does not seem to me sufficient. I have often seen this done, but I believe there is a far surer method. If the incision on the thorax is carried outward to the junction of the anterior and middle thirds of the axilla at its distal side, and the dissection of the axilla be begun at this point and the axillary vein carefully sought out, this vein becomes a safe guide to the dissection, for it covers the artery, and if care is taken not to wound this, the dissection may be carried with safety up to the clavicle, and the entire axilla be cleared with surprisingly little damage to arteries or veins. By the use of haenistatic forceps I have thus extirpated the breast and cleared the axilla, and on the removal of the forceps at the close of the operation been obliged to tie but one artery. One point of caution is the posterior part of the axilla. Unless care be taken, the nerve supplying the latissimus dorsi may be injured and as a consequence the backward movement of the arm may be impaired. Before dressing the wound, all bleeding should be thoroughly stopped. By doing this, holding the wound firmly together and dressing it so that firm pressure is exerted and the collection of blood under the flaps be prevented, a skillful dresser may often dispense with the drainage tube. Unless one is sure of the close opposition of the surface, it is best to drain.

To recapitulate, then, in a few words, the contents of this paper, I would say, in all tumors of the breast exercise every means to reach an early diagnosis. If the case is malignant, operate it at once and clear the axilla, since upon early diagnosis and radical extirpation depend the success of operation for carcinoma mammae.

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EDITED BY A. R. BAKER, M.D., AND S. W. KELLEY, M.D.

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## EDITORIAL.

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### THE LATE NATIONAL MEDICAL CONGRESS OF JAPAN.

The first National Assembly of Physicians in Japan was held in Tokio, April 1 to 7. The attendance was large, numbering several hundreds, and probably consisted somewhat of those, not physicians, who were attracted by the novelty of the meeting. This presumed fact may account in part for the apparent youthfulness of the assembly—at any rate middle-aged and old faces were a small minority. A further explanation of this may be found in the fact that it is among the rising generation of physicians in Japan that scientific medicine finds most of its adherents, as would be the case in any country under similar circumstances.

The faces were, however, all Japanese, with two exceptions—a matter of surprise, for of nearly two score foreign physicians resident in Tokio and Yokoham, one would

have expected the presence of half the number. Their absence cannot be ascribed to lack of interest, but might, perhaps, be explained by the committee on invitations. The steady progress of medical science in Japan depends much upon the communication with the profession in the west. Any circumstance, therefore, which tends to interrupt this should not pass unnoticed.

The programme for the first day was as follows:

In separate apartments the reception committee received the officers *pro tem.* and invited guests. In an adjoining room was arranged a fair exhibit of drugs, instruments, and medical literature, the latter comprising original and translated works in considerable number. Their matter could not be ascertained, except that a translation of Es-march's Ambulance was pointed out. Among the instruments were nearly all that are necessary for an ordinary outfit and a few for special work, such as microscopes, microtome, galvano cautery, etc.; these were of foreign manufacture, the former, domestic and as good in appearance as those displayed on similar occasions in the west, for the Japanese instrument maker reproduces admirably any thing of which he can get a model.

Adjoining these rooms was a large auditorium in which, at the appointed hour, the opening exercises were held. These consisted of the usual addresses appropriate to such an occasion, one of them by Dr. Nagayo, director of the Central Sanitary Bureau, recounting the early history of western medicine in Japan, with an exhibition of some of the first translated works, which were received by the assembly with applause.

The programme for the next five days consisted in the reading of papers by distinguished Japanese physicians simultaneously at two places in the city, from 8 A. M. to noon, the afternoons being given up to visiting hospitals and other places of professional or general interest. On the last day a general social gathering was held in Shiba Park, at which there was an ample provision for refreshment.

A glance over the list of papers to be read, as published in the printed programme, shows a goodly variety of subjects, but one is impressed with a sense of the absence of something which should be a feature of the first national medical meeting in a country like Japan. There were papers, medical and surgical, upon nearly every anatomical region—papers of interest and value, doubtless; but excepting, possibly, one on “Social Hygiene,” by Dr. Furnkawa, and another on “Domestic Hygiene,” by Professor Tsuboi, the list contains not one which may serve to indicate an appreciation of the fact that Western medicine must be adapted to conditions present here and not merely adopted, none showing that any difference is suspected to lie between the Japanese and Western people and their environment in those matters which form the basis of practical medicine. It cannot be disputed, however, that the natural history of a people and their diseases should receive consideration when the application is made to them of rules and principles of treatment which have been formulated from a study of possibly different conditions. Certain material for the superstructure of scientific medicine in Japan may be imported, but the foundation must be laid with native stone. It may be that the omissions here adverted to were unavoidable, that the present state of medicine in this country requires exclusive attention to practical therapeutics; if this is so, it is to be hoped that the causes, whatever they may be, will not long act to prevent an establishment of these general principles upon which rational therapeutics must rest. The investigation of these principles can be made by those only to whom the conditions of life and of disease in this country are or may be intimately known, the native physicians of Japan.—*The Sei-I-Kai Medical Journal*.

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#### DISCIPLINE IN ELEMENTARY SCHOOL.

The following, taken from a paper read by Miss B. A. Dutton before the Department of Elementary Instruction,

National Education Association, abounds in so much good common sense and practical wisdom that it should be read by every teacher or parent who has to do with the government of children. School government, she says, is a simple problem; indeed, scarcely claims consideration where school *work* is wisely planned, where the teacher reveals no lack of self-control, and the daily requirements are made in a cheerful mood and believing spirit :

A company of merry boys are engaged in a *game of ball* or are chatting pleasantly in groups when the bell summons them to their morning tasks. Is there any reason which will bear the light why these boys must pass to a designated part of the school-yard, arrange themselves in long, straight lines and march with military precision and with unnatural silence to their respective rooms ? And is any needful element of discipline and of orderly living lacking in the school whose halls are sometimes heard to echo with *unmeasured* tread, with glad good-mornings, and with merry laughter ?

I shall not soon forget once seeing in a city school-yard, from which all but a single pupil had fled from the intense cold of a winter's morning, a bright active boy, still occupied in some snow frolic when the morning *bell* was heard, and, although standing within direct reach of the doorway, he loyally retreated to his accustomed place for "forming ranks," made of his one self the straight "line" considered essential to the day's proper beginning, and marched dutifully upstairs. Had there been fifty of him the line could have been no more steadily held to its required place or the tread more uniform and prison-like.

Were such measures attempted in any company of cultivated gentlemen in real life, the folly would work its own speedy abatement. And are not the habits of intelligent gentlemen good also for our boys ?

Must there be one standard of refinement for the school and another for the home and for the street ? Or may we only ask of our boys and girls the same considerate carefulness with reference to time and place, the same regard for comfort and convenience of their fellows which *all* unselfish, fine-grained souls extend to those who touch their lives, either upon the street, within the home, or in the place of public assembly ? Is the boy's home lacking in the amenities and graces of the more favored ? Then *the*

*more imperative is the need* for placing him, while under school training, at once and continually upon such practice as will tend to make his lessons in politeness a permanent possession.

A restless little *girl*, every fibre of whose being is in active protest against the confinement to her allotted place in the long row of little desks and chairs, spies within easy reach, and perhaps in more comfortable locality, a vacant seat. With the quickness of abounding life she slips into the unused seat and is made happier by the simple consciousness of new surroundings. Does this slight act mar the order of a well-regulated school? and if done for simple gratification, is it worthy of remonstrance or reproof?

Why should the little people always be required to occupy *assigned places*? and, save for the purpose of a place for keeping their tools for ready use, why may they not exercise the same freedom in movement, the same choice in location, which, under a watchful *mother's* care, they have at home.

A little girl was asked the old-fashioned question, "Why do you go to school?" and with delightful spontaneity came the reply: "To sit in position." Another, to whom the same impertinent enquiry was propounded, replied with no less hesitancy, "To keep my *pencil sharp*." "And is that all you go to school for, little girl," pursued her questioner. "Yes ma'am; and there is a lady comes most every day to our room *to see all our pencils!* referring to the visiting superior, to whose special oversight the class to which the wee one belonged was committed. Another, who had in the recent promotion passed from the care of one of the over-strict, went home at the close of a single day's experience of happier ways, repeating over and over to herself, "*Such a sweet teacher!*" "*Such a lovely teacher!*" until her mother interrupted her soliloquy to ask her what it was that made her love her new teacher dearly, and received reply: "Oh, mamma, she *is* so sweet and lovely, she lets us put our feet *right outside the irons!*" referring to the supports which had served the double purpose of keeping her tiny desk in place and giving her a sense of torture hardly second to real imprisonment.

"To keep the feet within the irons," to keep the pencils sharpened to so fine a point as to cause real trembling of heart lest in some unlucky movement the won-

derful instrument be wrecked, "to sit in position"—are these the most vivid lessons which should be carried home in first school-days, to the mothers of those whose lives should be as free as the birds of the air?

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## MEDICAL EDUCATION.

This report\* contains so much of interest to the profession that it is impossible to summarise it in a brief review. Among other interesting statistics, we learn from this report that there are now in existence in the United States 139 medical colleges against 129 in 1886. There are also 13 in Canada. There are in this report records of 149 institutions that are extinct, including 18 that were fraudulent.

One hundred and twenty-four require certain educational requirements for matriculation.

Sixty-four required three or more courses of lectures, and this number has been increased since the publication of this report.

Total number of students in 1881-2, 4,555; in 1888-9, 4,337.

It is doubtful, judging from the announcements, whether the diplomas of any of the colleges organized during the past year will be recognized. We imagine that those new colleges will be short-lived, which have sprung into existence to catch the rabble and rag-tail element among the medical students who could not or would not meet the requirements of colleges requiring a higher standard for entrance and graduation. Such institutions should meet the unqualified disapproval of the profession. We have too many colleges now, and every new school that is organized is an injury to the profession and to the cause of higher medical education.

\*Illinois State Board of Health report on Medical Education, Medical Colleges and the Regulation of the Practice of Medicine in the United States and Canada, 1765-1890, by John H. Rauch, M. D., Secretary.

There are, according to this report, fifteen medical colleges in the State of Ohio at present, with the following students and graduates for the session 1889:

|  | MATRICULATES. | GRADUATES. |
|--|---------------|------------|
| Medical College of Ohio.....   | 243           | 86         |
| Western Reserve University.....  | 124           | 50         |
| Eclectic Medical Institute.....  | 202           | 69         |
| Starling Medical College.....  | 103           | 28         |
| Homeopathic Hospital College.....  | 101           | 24         |
| Cincinnati College of Medicine and Surgery.....  | 72            | 32         |
| Miami Medical College.....   | 91            | 20         |
| Medical Department of University of Wooster.....   | 54            | 21         |
| Pult Medical College.....  | 67            | 21         |
| Columbus Medical College.....  | 73            | 22         |
| American Eclectic Medical College.....   | 43            | 10         |
| Toledo Medical College.....  | 28            | 8          |
| Women's Medical College of Cincinnati.....   | 28            | 6          |
| North Western Ohio Medical College.....  | 60            | 23         |
| (Undoubtedly a mistake as they had only about 10 students and 2 graduates.)                |               |            |
| National Normal University Medical Department,<br>Lebanon, Ohio (probably fraudulent)..... | 28            | 6          |

Among the various fraudulent institutions in the State are the Juten National Electropathic Institution located at Mentor, O.; Medical University of Ohio, located at Cincinnati, O.; Ohio College of Obstetrics, Medicine and Midwifery, also at Cincinnati, O.

#### AN IMPROVEMENT IN THE MEDICAL INSPECTION OF IMMIGRANTS.

With a view to preventing the wholesale dumping upon the United States of criminals, cripples, cranks and tramps, cholera and small-pox cases, and other social sewerage of the old countries, Surgeon-General Hamilton is under instructions to go to Europe and appoint a competent medical examiner at each port of emigration. These examiners are to be paid by our government to act under the United States consuls of their respective ports, and their duties will be to examine each and every would-be emigrant, and ascertain if he or she is a fit person mentally, morally and physically, to become a citizen of the United States. Those found unfit will be notified that they will not be admitted, and will thus be prevented from sailing.

It would appear that by this method a great portion of a serious evil may be corrected, and this without waiting the uncertain advent of needed laws on immigration. In this, as in many another good cause, the labor and responsibility will fall to members of the medical profession, and we trust they will be faithfully performed.

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#### "THE BORDERLAND."

In an article on "The Borderland" in the *N. Y. Medical Journal*, by Sarah E. Post, M.D., the writer relates a case which leads her to a proposition of direct muscular control by the intervention of a foreign mind, the hypnotized subject not being conscious of the control, nor of the suggestion, until it was revealed by the finished act of the muscles. She remarks that "the mechanism of extraneous muscle control must be in the highest degree problematic, as it implies either a spiritual entity capable of taking possession of another's body, or some yet unrecognized medium of force." It might be as well for the scientific advancement of psychology to more certainly establish the existence of the phenomena before proceeding to construct a theory for their explanation. Such evidence resting, as it must, largely upon the introspective powers of the subject as upon the faculties of the observer, must be selected with great discrimination. Sound judgment in the careful application of scientific methods would soon separate the true from the false in these occult regions of investigation, and would remove the whole subject out of the hands of the honest self-deceived or designing deceivers, who have connected themselves in the public mind with this class of phenomena and their study. First facts, then theories. It is too easy when once the mind is possessed of a plausible theory to observe accordingly.

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#### A NURSES' DIRECTORY.

Some months since, we called attention to the necessity of having a nurses' directory in this city, and stated that

unless some one started a directory we would do so. Immediately upon the publication of our article several persons came to us and said they were going to open one immediately, so that we dropped the subject, thinking that there would be a surplus of nurses' directories. But having waited about a year and none having materialized, we have decided to open one immediately. We have already the names of several nurses. Anyone desiring the services of a nurse will do well to either call at our office, 143 Euclid avenue, or telephone No. 976.

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## AMONG OUR EXCHANGES.

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Those who have advocated the expectant treatment as the rule, and laparotomy the exception, in perforating wounds of the abdomen when there is suspicion of perforation of the gut, find their position rendered well nigh impregnable by the statistics collected by DR. STIMPSON of New York.<sup>1</sup> Of twenty-three cases treated expectantly eight recovered and fifteen died—a mortality of sixty-five per cent. Of twenty-nine cases treated by laparotomy, twenty-five died and only four recovered—a mortality of 86 per cent. In this connection it will hardly be out of place to refer to sixteen unpublished cases that have occurred under the observation of DR. R. A. VANCE of this city, all treated expectantly and with the result of eleven recoveries and five deaths, reckoning which, with the cases above cited, gives nineteen recoveries out of thirty-nine cases treated expectantly, as against only four recoveries out of twenty-nine cases treated by laparotomy. Moreover, of the five deaths in this group of sixteen cases one was from arterial hæmorrhage into the cellular tissue about the kidney, from an artery so small that it could not be found on autopsy, and another was from an injury to the spinal cord caused

<sup>1</sup>University Medical Magazine, April, 1890.

by the bullet after it had passed through the abdomen. In both of these cases, as is the rule, the perforations in the intestines had been promptly and spontaneously sealed, effectually protecting the peritoneal cavity from any extravasation of fecal matter. Such being the case, and such the rule, the unfortunate who has had the mishap to receive a perforating wound of the abdomen would do well to steer clear of the too enthusiastic laparotomist. The principles that should govern the surgeon in the matter of the *radical treatment of hernia* have been very well formulated by DR. D. HAYS AGNEW of Philadelphia.<sup>2</sup> He holds (1) that the radical plan should follow all cases of strangulated rupture in which the knife has been employed for the relief of the patient; (2) that while he would not propose an operation in any case where the rupture can be perfectly retained by a truss, he would not decline to operate in cases of hernia in the adult, where the rupture cannot be controlled by mechanical measures, unless the patient were too far advanced in years. In cases where the rupture cannot be retained, the danger from strangulation is greater than the danger from operation; and (3) that children under ten years of age are not proper subjects for operation. With them a truss gives better results, usually effecting a cure in from two to three years, if carefully applied and worn continuously night and day.

DR. HORATIO R. BIGELOW, in a letter from Paris,<sup>3</sup> makes a convenient and seemingly fair summing up of the scope of electrical treatment in *pelvic diseases of the female*. He says that he has never seen a myoma anatomically cured, but that he has seen them reduced in size and permanent relief given to the symptoms. He has never seen a pyo- or hydrosalpinx anatomically cured, but has seen certain conditions of salphingo-ovaritis symptomatically cured. Cases of exudates may be relieved of all painful symptoms; endometritis and metritis are *always* satisfactorily treated by electricity; it is valuable in the treatment of

<sup>2</sup>University Medical Magazine, April, 1890.

<sup>3</sup>Med. News, May 10, 1890.

malpositions of the uterus; and ovarian pain may be cured by its use.

*Rhus aromatica* in doses of one drop four times a day for each year of the child's age, increasing the dose gradually till two drops for each year of the child's age is taken at a dose, is recommended as an efficient remedy for *nocturnal enuresis*, by DR. W. M. POWELL of Philadelphia.<sup>4</sup> He reports sixteen cases where it had been successfully used. The cure requires from two to five weeks. The drug is best given in combination with a tincture or elixir of cinchona, or in some aromatic mixture, the following being a palatable formula for young children:

R Ex. *Rhois aromat fl.* . . . . f ʒiii.

Elix. aromat . . . . . f. ʒiss.

Aq. cinnamom, q.s. ad . . . . . f. ʒiii—M.

S. half a teaspoonful, to be increased to a teaspoonful four times a day.

An easy and practical method of rendering *abrasions of the cornea* visible has been introduced by DR. R. L. RANDOLPH of Johns Hopkins University.<sup>5</sup> He instils into the eye a drop or so of a solution of fluorescein (fluorescein grs. x., Sodii bicarb. grs. xv., aquae f. ʒi), when every excoriation of the cornea becomes at once stained while the uninjured epithelium does not stain at all. The stained portions of the cornea retain their color from half an hour to several hours. This staining of every minute point whence the epithelium has been removed enables the observer to see the full extent of a corneal injury, and is of especial aid in locating small foreign bodies in the cornea.

A writer in New Orleans, DR. DENEGRE MARTIN,<sup>6</sup> reports very favorable results from the use of large doses of strychnia hypodermatically in cases of alcoholism. The initial dose is usually 1-30 of a grain, increased to 1-10, which latter dose is given three times a day. This treatment has superseded the treatment by bromides, chloral,

<sup>4</sup>Ann. Gynecol. and Paediat, May, 1890. <sup>5</sup>Johns Hopkins Univ. Bulletin, April, '90.

<sup>6</sup>N. O. Med. and Surg. Jour., May, 1890.

digitalis, etc., in Charity Hospital, New Orleans. We can corroborate the writer's statement as to the value of strychnia in these cases. Unfortunately, however, the statement has gone out via the religious and secular press that strychnia so administered will cure the appetite for liquor—that the patient is discharged not only cured but reformed. Such is not the case. Patients cured by this method come back to be cured again just as by any other method. While it is, perhaps, the most satisfactory method of relieving an attack of acute alcoholism yet devised, the danger is that it will be discredited by the too enthusiastic claim of some of its advocates that it will cure the drink habit.

By treating the water of wells suspected of causing epidemics of typhoid fever according to the standard process used to extract organic poisons from organic materials and tissues, DR. THEODORE DEECKE of Utica, N. Y., special pathologist of the New York State Lunatic Asylum,<sup>7</sup> has succeeded in obtaining from a few quarts of water organic poisons in appreciable quantities, large enough, in fact, to enable him to redissolve them and inject the solution into animals, and of such virulence that a few drops of the solution would kill a rabbit in from twenty minutes to half an hour. His experiments render it probable that in such epidemics the ptomaine should be considered as much an etiological factor in inducing the disease as the bacillus itself, and raise the query whether the typhoid bacillus is not promptly destroyed by the digestive fluids unless the water contains also a sufficient amount of ptomaines to arrest to a greater or less degree the digestive functions.

Fluid extract of hyoscyamus given in water every twenty minutes is recommended by a writer in the *Therapeutic Analyst*<sup>8</sup> as an excellent hypnotic for small children. One-third of a drop is the dose for a child three months old. He has used it for ten years, and in his hands it has proven more uniformly satisfactory than any

<sup>7</sup>Pharmaceut. Era, May, 1890.    <sup>8</sup>Therap. Analyst, June, 1890.

other hypnotic. DR. LAWRIE of British India has been employing tartar enectic in small doses, frequently repeated in *mucous enteritis* of children.<sup>9</sup> He reports that it will arrest the diarrhœa and fever where nothing else will. He also uses it with good results in *typhoid fever* in connection with heart tonics, finding the same arrest of diarrhœa result from its use as in the former disease. He prefers to give it in the form of antimonial wine, ten to fifteen minims every hour till the diarrhœa and tympanites subside.

## NEW BOOKS.

'THE PRACTICAL APPLICATION OF ELECTRICITY IN MEDICINE AND SURGERY,' by G. A. Liebig, Jr., Ph.D., Assistant in Electricity, Johns Hopkins University; Lecturer on Medical Electricity, College of Physicians and Surgeons, etc., etc., and Geo. H. Rolie, M. D., Professor of Obstetrics and Hygiene, College of Physicians and Surgeons, Baltimore; Visiting Physician to Bay View and City Hospitals; Director of Maryland Maternité, etc., etc. Profusely illustrated. Philadelphia and London. F. A. Davis, Publisher, 1890; 383 pages. Price, \$2.00 net.

As powerful, important and wonderful as the science of electricity is, it must still be regarded as difficult, mysterious and uncertain to understand and handle. Especially is this true of the application of electricity to the not yet exact sciences of medicine and surgery. Much yet remains to be elucidated. That which is established must be acknowledged to be complicated in theory and difficult in practice.

Much of the literature of medical electricity is more unsystematic, inexplicable and unsatisfactory than the science itself. It reminds one of the Frenchman's definition of language, as "a means of obscuring thought."

A physician wishes to use electricity in his practice. He buys books and reads. The big books are so elaborate and theoretical that he never can find time to read and apply them. The little books presuppose such an amount of theoretical knowledge that they are of no use to him.

Practitioner.

And he finds it expensive to acquire a working knowledge of electricity. He buys batteries—which will not work. Then he buys other batteries, said by certain authors and guaranteed by certain manufacturers to be absolutely infallible, and he finds that if the atmosphere, or the position of the planets or something else is just right, he can sometimes accomplish very nicely a certain line of work. For other work he must buy more batteries, etc., and live in hopes, and meantime hold his patient and perhaps cure him by other treatment.

Out of all the mass of facts and theories, the authors of the work before us have managed to select and arrange that which will be useful to the physician and to present it in comprehensible form. Upon examination of the work, we believe that they have succeeded the best of any who have yet tried to present the subject clearly and satisfactorily and practically from the standpoint of the scientific physicians and surgeons of to-day.

‘PARTIAL SYLLABIC LISTS OF THE CLINICAL MORPHOLOGIES OF THE BLOOD, SPUTUM, FECES, ETC.’ By Ephraim Cutter, M. D. Pp. 92. Published by the Author. New York City. 1888.

While we are not prepared to say that the morphologies claimed to be diagnosticated by Dr. Cutter are, all of them, demonstrable, there are credible witnesses known to the writer who saw him twenty years ago diagnose syphilitic blood in every instance without fail by its microscopic appearances, and we want to be cautious about going to the other extreme and saying that there's nothing in it. This much is certain. Had a German or a Polack with an unpronounceable name claimed to have discovered such morphologies, the furor that would have been raised over the matter this side of the water would have been simply tremendous. Every dabbler in microscopy would have been able to demonstrate them inside of three months. But, as it was only a Dr. Cutter, a Massachusetts country doctor, who thought he had seen something diagnosticable in syphilitic and tuberculous blood, the American profession of course jumped at the conclusion

that there couldn't be anything in it. It should be borne in mind, however, that the objectives used by Dr. Cutter were of the best American make, objectives with which no objective of European make can compare either for clearness of definition or brilliancy of illumination. It was with a Tolles 1-10 that Heitzmann was enabled to demonstrate the reticulated structure of the cell, since acknowledged by Klein,<sup>1</sup> and no man using an inferior glass is competent to criticise what an observer claims to have seen through a Tolles or a Spencer 1-10, 1-16, 1-25, 1-50, or 1-75. Candor, if not patriotism, should lead us to accord to our own observers the same courtesy extended to Europeans, and to suspend judgment till competent observers, equipped with American objectives of the best make, have reviewed his work with that thoroughness and impartiality which the importance of the subject merits.

L. B. T.

'HAND BOOK OF MATERIA MEDICA, PHARMACY AND THERAPEUTICS.'  
By Sam'l O. L. Potter, M. A., M. D. Second edition. Revised and enlarged. P. Blakeston, Son & Co., Philadelphia. 1890. For sale by P. W. Garfield, Cleveland, O.

This work deserves the high estimation in which it is held by the profession in this country and England, because it embraces so much that is new, including as it does short articles, well written, on the physiological action of drugs, the special therapeutics of disease, official and extemporaneous pharmacy, and minute directions for prescription writing. We quote the following from the *Therapeutic Gazette*:

"The author has aimed to embrace in a single volume the essentials of practical materia medica and therapeutics, and has produced a book small enough for easy carriage and easy reference, large enough to contain a carefully digested, but full, clear and well arranged mass of information. He has not adhered to any pharmacopœia, as in the case of certain recent manuals, thereby limiting his work, and in this day of new remedies causing constant disappointment, but has brought it up to date in the

<sup>1</sup>Element of History, 4th edition. 1889. P. 6.

most satisfactory way. No new remedy of any acknowledged value is omitted from the list. The section on physiological action of therapeutics has been written with care. In the enumeration of drugs suited to different disorders, a very successful effort at discrimination has been made, both in the stage of disease and in the cases peculiarly suited to the remedy. It is no mere list of diseases followed by a catalogue of drugs, but it is a digest of modern therapeutics, and as such will prove of immense use to its possessor."

### PAMPHLETS.

[In most cases, anyone desiring a copy of any pamphlet noticed under this head will doubtless secure it by addressing the author—not forgetting to enclose a postage stamp and a mention of the GAZETTE.]

1. 'THE ANIMAL SUTURE—IT'S PLACE IN SURGERY,' by Henry O. Marcy, M. D. Boston, Mass.

2. 'A DIGEST OF TWENTY YEARS' EXPERIENCE IN THE TREATMENT OF UTERINE CANCER,' including 367 operations by galvano-cautery, by John Byrne, M. D., M. R. C. S. E., Brooklyn, N. Y.

3. 'THE AMERICAN ACADEMY OF MEDICINE, ITS OBJECTS, ITS SIGNS OF PROMISE AND ITS OBSTACLES; ITS FIELD OF WORK, AND SOME SUGGESTIONS LOOKING TO AN INCREASE OF ITS EFFICIENCY,' by Leartus Connor, M. D., A. B., Detroit, Mich.

4. 'PRACTICAL NOTES ON URINARY ANALYSIS,' by William B. Canfield, Baltimore, Md.

5. 'TEN CONSERVATIVE CASES OF ABDOMINAL SECTION FOR THE REMOVAL OF THE UTERINE APPENDAGES FOR THE RELIEF OF PAIN AND THE RECURRENT ATTACKS OF PELVIC INFLAMMATION,' by Rufus B. Hall, M. D., Cincinnati, O.

6. 'IMPAIRED VISION AS THE RESULT OF SUNSTROKE,' by A. R. Baker, M. D., Cleveland, O.

7. 'THE MEDICAL PROFESSION, THE MEDICAL SECTS, THE LAW,' by H. C. Wood, M. D., LL. D.

8. 'REFORMATION IN THE PRACTICE OF MEDICINE BY THE DOSIMETRIC METHOD OF PRACTICE,' by J. E. Macneill, M. D., Denver, Col.

9. 'SOME OBSERVATIONS ON THE CONFORMATION OF THE HUMAN CRANIUM,' by Chas. H. Merz, A. M., M. D., Sandusky, O.

1. After carefully reviewing the history of ligatures, in which he showed that the ancients used the animal suture both as a hæmostatic and for the stitching together of

wounds, including those of the intestine, he doubts, in the light of our present knowledge of surgical pathology, whether the revival of the use of the ligature in the days of Ambrose Parè was much more successful in its results than the barbarous practice then in vogue of searing the wound or stump with a hot iron or boiling oil, which gave an aseptic wound. After reviewing the various animal ligatures, the author is inclined to prefer the kangaroo tendons to all others.

2. The author says in conclusion: Therefore, while fully alive to the marvelous achievements of abdominal surgery in the past decade, and conceding to hysterectomy a possible but limited field, I confidently trust that the prevalent, and I believe waning craze for indiscriminate mutilation as a panacea for ailments, many of which we know to be curable by more rational measures, will soon cease to be either fashionable or tolerated. Thus may the fair frame of American gynecology hope to escape the odium of reckless and criminal surgery.

3. This is the address of the president at the annual meeting in Chicago, Ill., November 13, 1889, and contains so much of value to every member of the profession that we wish our space permitted to republish the entire address, but as its length precludes us doing this, all we can do is to advise everyone to secure a copy of it if possible.

4. A practical little monograph of thirty-eight pages which will prove of value to anyone who has occasion to make examinations of the urine.

5. Nine of these cases recovered, one died. A valuable contribution to this subject.

6. The writer believes that impaired vision does result from sunstroke in quite a large percentage of cases. Several cases coming under the observation of the author in making pension examinations are reported.

7. A strong plea for the regulation of the practice of medicine by law and a higher standard of medical education. The address on medicine at Yale University, 1889.

8. This is the method of small doses of the active principles of plants, originated by Dr. Ad Burggrave of the University of Ghent, some twenty years ago.

9. After giving a careful review of the examination of 300 crani, the author says: "The writers who have made this subject their special study agree as to the central fact that there is a relation between intellectual endowments and the conformation of the cranium."

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## NOTES AND COMMENTS.

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*We are pleased to see Dr. I. N. Himes* on the street again after a year's absence abroad.

*Drs. W. J. Scott and H. J. Herrick* have started for Berlin, to attend the coming meeting of the International Medical Congress.

*Dr. Louis A. Scoville* died at Clinton, N. Y., April 19, 1890. Dr. Scoville was a graduate of the Medical Department of Wooster University, and the first resident physician of the St. Alexis Hospital in this city.

*Dr. John Wyeth*, the eminent New York surgeon, will deliver the address before the Mississippi Valley Medical Association at Louisville, Ky., October 8. Quite a number of gentlemen prominent in medicine in the Mississippi Valley have signified their intention of being present and reading papers. The outlook for the meeting is very encouraging.

*The Homeopathic Medical College* of this city is in trouble. All has not been harmonious in the faculty for some time, and recently an open rupture occurred and six members of the faculty resigned. It is quite probable that another homeopathic medical college will be organized in Cleveland as the result of the fight, which is a very bitter one, and a compromise seems out of the question.

*Recent Savings of Life in Michigan.*—In a carefully prepared paper, read before the Sanitary Convention at Vicksburg, the proceedings of which are just published, Dr. Henry B. Baker gave official statistics and evidence which he summarized as follows :

“ The record of the great saving of human life and health in Michigan in recent years is one to which, it seems to me, the State and local boards of health in Michigan can justly ‘point with pride.’ It is a record of the saving of over one hundred lives per year from small-pox, four hundred lives per year saved from death by scarlet fever, and nearly six hundred lives per year saved from death by diphtheria—an aggregate of eleven hundred lives per year, or three lives per day saved from these three diseases ! This is a record which we ask to have examined, and which we are willing to have compared with that of the man who ‘made two blades of grass grow where only one grew before.’ ”

*Garbed Coachmen.*—The Society for Prevention of Cruelty to Animals is one of the praiseworthy organizations of this city, that has its agents continually going about seeking for opportunities to render relief to suffering animals that may be over-tasked. Not infrequently they are called upon to rescue little children from brutal and inhuman parents. During the heated term our attention has been very frequently directed to the liveried coachmen of the city and suburbs, perched on the box, tightly encased in great beaver overcoats, regulation buckles and silk hats. While we are not inclined to expend any unnecessary sympathy on the creature that will submit to the imposed wearing garb indicative of caste creation, and he the underling, taking rank with the menial serf of monarchies, all of which is widely at variance with independent American manhood and citizenship, nevertheless, when we see these willing or would-be serfs clad in the most unreasonable of garments, we can not feel that they are at least entitled to as much consideration as a lame dog, or galled street car mule, whose master should be called upon to answer for violation of the statutes appertaining to cruelty to animals. A suitable penalty for this act of inhumanity of man to man, and metaphorical trailing of the declaration of independence in the dust of humility, should be the required memorizing of that immortal declaration, the violators of which to pay the cost and stand committed until the penalty is completely fulfilled.—*The Cincinnati Lancet Clinic.*

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## ORIGINAL ARTICLES.

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### HIP JOINT DISEASES WITH CASES.\*

BY STEWART LE ROY M'CURDY, M.D., DENNISON, OHIO.

One apology for using a portion of your valuable time in considering the subject of hip joint disease is to review the early and most prominent symptoms, and what appears to me to be the most successful mode of treatment, for my own benefit, as well as to present the same facts to you, so that we may be all more readily prepared to differentiate this most subtle disease in its earlier stages, and by the institution of a vigorous, mechanical and systematic course of treatment, cut short the affection that may be the incipency of untold agony and cruel deformity.

Like many other obscure afflictions, we may not be watching for them, and possibly fail to locate the true trouble and subject our patient to an unnecessary course of treatment.

Caxalgia or *coxarum morbus* has been divided by Sayre

\* Read before Tuscarawas County Medical Society July 22, 1890.

into three stages: First, stage of irritation before effusion; second, stage of effusion and apparent lengthening; third, stage of shortening or ruptured capsule.

The more prominent symptoms of the first stage may be summed up briefly as follows: Slight stiffness in the affected joint, especially in the morning, the thigh slightly flexed on the pelvis, and the leg fixed on the thigh, this position being that assumed by the patient while walking. To allow the foregoing position, it will be observed that the patient throws the body slightly forward and toward the affected side. The foot is slightly everted and the leg thrown forward.

One of the earliest and most misleading symptoms is pain in the knee upon the affected side, which, owing to its remoteness from the real seat of the trouble, is frequently mistaken and treated for rheumatism or neuralgia of that joint.

I desire now to make indelible on the minds of my hearers this one symptom, which, if remembered, will be the first fragment to make a true diagnosis. Never allow a child suffering with pain in the knee, not accompanied with any apparent symptoms of disease of that joint, to pass your notice without suspecting this malady. *To suspect will be to diagnose.* The buttock upon the affected side will be found to be somewhat flattened and lower. The gluteo-femoral is less distinctly marked on the affected side. By laying our patient down on a table on his back, nude, every motion of the thigh will carry the pelvis with it. For instance, when the thigh is extended, the illum will be thrown further from the table on the diseased side, and when flexed again, it is thrown down against the table. While there may be no pain in the affected joint in the earlier course of the disease, pain can generally be produced by gently tapping the bottom of the foot with the legs extended, and also by suddenly pressing the trochanter while the pelvis is being supported on the opposite side with the other hand.

The second stage, or that of effusion or apparent lengthen-

ing, is pretty much the same as that of the first. The position assumed by the patient while walking and flexion of the thigh upon the pelvis is as described heretofore. All symptoms are more marked, and the pain in the hip now begins to show itself more prominently.

In all bone diseases the pain is more severe at night, and especially is this true of the so-called strumous diathesis, or syphilitic affections. The trouble beginning primarily either as a synovitis, or osteo-epiphysitis, produces very much the same train of symptoms, the exception or variation being in the earlier distension of the joint bag in synovitis, and the absence of the same in central ostitis. A further consideration of symptoms would be but to repeat what is known to you all, and a needless consumption of time, for after a case is made out our duty is not to arrange a tabular list of symptoms and make a dreamy comparison of the same with other cases, but rather take advantage of an opportune moment and institute treatment that will give you a brilliant result.

No form of hip brace thus far devised has given universal satisfaction to its inventor, much less to those who endeavor to select, apply and carry out the demands in a given case, when he is lacking in mechanical ingenuity. From the fact that every stage demands certain variation in the form of splint used, no splint unless applied with a ripe knowledge of the case, and genius enough to adjust a brace, can expect to give satisfaction.

Of the innumerable splints that have been devised for this purpose, the Davis', Andrews', Sayre's, long, short, infants, and night, Stephen Smith's, Hutchinson's, Washburn's, Shaffer's, Duncan Eve's, Taylor's, Roberts' and Stillman's, have been most successfully used. As a matter of fact the Sayre, in the various modifications, has enjoyed almost universal supremacy with the country surgeons, who found it most convenient to adopt some form of brace. All the foregoing braces differ in detail, but have for their main purpose the protection of the joint. Some of them secure fixation, others articular motion,

others endeavor to relieve enter-articular pressure, while others say such procedure is impossible, impractical and positively injurious.

After making a pretty thorough inquiry into the various braces and devices now in vogue, I must say it is quite difficult to endorse the opinions of one orthopedist and reject the views of another equally as skilled and time-tried.

In the first stage, or the stage of irritation and limitation of motion, per Sayre's classification, Roberts advises, when the disease begins as a central osteo-epiphysitis, drill through the greater trochanter and neck of the femur to the supposed or suspected seat of the disease, and thoroughly ream out the morbid area and establish free drainage.

Mr. Stokes of Dublin, advises early drainage of the diseased area and gives cases illustrating his success with the same.

M. Boeckel, before the French Surgical Congress, advocates the early resection of the head, holding that a case of hip disease cannot be cured until the head of the femur undergoes molecular disintegration and absorption, or resection, and the earlier resection is performed the more probable our patient is to escape tubercular infection of the more vital organs.

Sayre and others of this country, who follow him, have performed early resection with very gratifying results.

When the trouble is primarily a synovitis, surgeons have advised and practiced early drainage of the synovial sack.

Without entering into a description of the various braces heretofore referred to, for all of which we must have great respect, I will at once proceed to describe a modification and combination of some of them, as illustrated here, which have given me greatest satisfaction in my limited experience in treating hip-joint disease.

Verify your diagnosis, and then institute a course of

treatment that will produce as near physiological rest to the joint as possible.

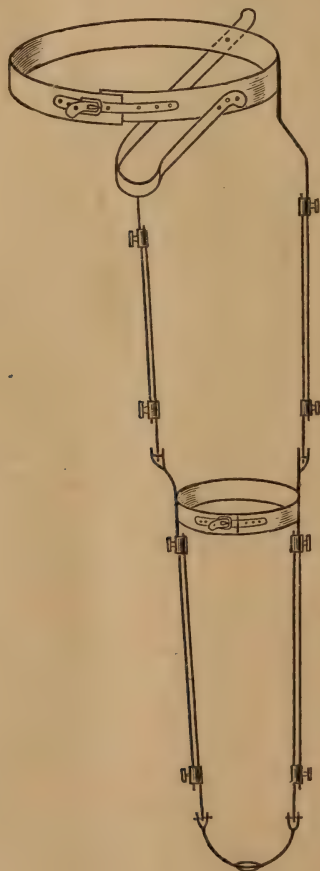
Assuming that the trouble is, primarily, either a synovitis or an osteo-epiphysitis, both being inflammatory diseases of the joint structures, and while they differ widely in their early course, they both produce pretty much the same impression upon the system. All the muscles crossing, or whose tendons pass over the affected joint, are in a state of spasmodic contraction, due to reflex nervous irritation. As a result of this reflex nervous irritation and resultant muscular spasm, the bones entering into the formation of the joint involved are pressed more firmly together, and if the interposed synovial membrane be engorged, the extent of the lesion will be increased thereby, which in turn increases the muscular spasm, again increasing inter-articular pressure, and so on, until dislocation is the result.

If the trouble be primarily a synovitis, it can be readily seen that to lift these bones from each other (if such be possible), and allow the inflamed membrane to rest, it will have more chance to repair; while on the other hand, to allow this pressure to continue will be but to allow the inflammation to increase, and a consequent destruction of all structures involved.

Or if the trouble be primarily a central ostitis, even advanced to where the head of the bone must dissolve and undergo absorption, according to Boecker of Paris, the duty of the attendant is to arrange a course of treatment that will allow our patient to go on to recovery with a minimum of deformity.

To obtain the foregoing results, one must apply a brace that will hold the limb in its normal position, and retain it there throughout the course of treatment. This is best done, it appears to me, by the brace herewith presented, which, as you see, is composed of a double system of bars extending from a belt around the pelvis on the outside and a perineal crutch upon the internal side of the thigh down to a stirrup fastened to the bottom of a

neatly fitting shoe. These double systems of bars are so arranged that they slide upon each other and are held together by a collar from the proximal ends of the bars. You will also observe a button projecting from the collar at the proximal ends of all the bars. If an elastic is



thrown about these buttons, you can readily see they are thrown closer together, which increases the distance between the distal ends, one fixed point being at the sole of a neatly fitting shoe and the other at the perineum and pelvis. These points being fixed, the elastics be-

ing thrown about the pins, the traction made upon the femur's head as it rests in the acetabulum can always equal the demands of the case as thought desirable by the surgeon, and the interposed synovial membrane in a state of congestion will be relieved of, at least, a portion of its pressure, which will, theoretically at least, allow the inflammation to subside.

The objects to be sought in the adjustment of this brace are two-fold: First, secure fixed points for the brace; second, avoid rigidity.

The Gurdon Buck weight and pulley extension has been used for this trouble in all stages, but it has been unsatisfactory, principally for the reason that there is no definiteness in the degree of traction. A definite degree of traction must be secured and at the same time avoid the iron-clad encasement of the member. Braces secured to the member by adhesives are not as satisfactory as those adjusted to fixed points. Adhesions must be used in wrist and phalangeal affections, but in hip cases they should never be used. Elastic traction, early applied, not only affords rest to the inflamed synovial membrane of the affected joint, by overcoming muscular spasms, but it also holds the head of the femur in its normal position during the stage of destruction and absorption of the head of the femur, and allows the patient to recover with very little deformity.

Case 1.—O. C., girl, aged 6; fell and sustained a contusion of the left hip. In a few months she complained of a pain in the knee, which was treated for rheumatism. In about six months the mother noticed a perceptible atrophy and redness of temperature of the affected side. I saw her eighteen months after injury and had no trouble in making out a case of morbus coxaris. There was one-half inch of thigh atrophy and one-fourth of leg atrophy. The member was practically useless and had been for months. She had been using crutches for months. I took measurements and had a brace made for her, similar to the one I show you. From this time on she began to

improve, and went to school the entire nine months afterwards, being one of the honor members. Sleep was impossible before application of the brace, and after the application she never spent a wakeful night, appetite improved, and in every way she went on to a good recovery. She had an abscess on the anterior surface of the thigh, which was aspirated, and afterward a small sequestrum was removed. With the brace she went through the course of the disease with comparative comfort, and came out with little deformity, and about an inch of shortening.

Case 2.—J. E., male, aged 5, now under treatment; was treated for months for rheumatism, finally fell into the hands of a doctor who diagnosed hip disease and sent the patient to a neighboring city for treatment, and while there he was in a hospital with Gurdon Bucks extension tugging aimlessly at his diseased member, without effect however, for while under this treatment the head of the femur underwent molecular disintegration and spontaneous dislocation. When I saw him he was suffering great pain in the hip, with extreme emaciation and deformity. I adjusted a brace as per illustration and he began to improve, and was soon about on crutches. As this case is still under treatment, I cannot report more than progress, but hope to be able to give you the results of further treatment at our next meeting. Other cases might be given, but as our time is limited, I defer reports until some future occasion.

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## GASTRO-ENTEROSTOMY.

BY F. B. ROBINSON, B.S., M.D.,

Professor of Anatomy and Clinical Surgery in Toledo Medical College,  
Toledo, Ohio.

The rising of a great hope is like the rising of a sun. It is with a pleasure akin to healthy enthusiasm that we see rising in the world a branch of medical science which contains such far-reaching utility. The days of whimsical, empirical treatment of the wounded alimentary tract

is fortunately fast fading out of existence and becoming beautifully less. Scientific experimentation with animals constitute the only base on which intestinal surgery has progressed.

Common sense of justice and the innate respect for human life prohibits and should condemn all experiments, or even new trials on our fellow man.

The idea of healing and repair of intestinal wounds almost wholly came from observations on animals. But anæsthetics were unknown until late years and therefore more muscle and nerve was required to institute a series of experiments to gain the knowledge sought for. These experiments began on the dog about ninety years ago. One of the first experimenters was Dr. Travers of London, who showed remarkable tact, judgment and originality. Dr. Jobert, a French surgeon, gave his operation to the profession in 1822. Dr. Lembert, of the celebrated "Lembert stitch," also a French surgeon, made his work known in 1825. Professor Czerney, a German, about fifty years old, now professor of surgery at Heidelberg, Germany, gave us the "Czerney stitch." Professor Gross, in 1841 to 1843, performed a remarkable series of experiments on dogs. Almost forty years of silence then reigned when Dr. Senn began his work in 1887, performing about one hundred and fifty operations in three years. The author began the same year and has done up to writing one hundred and thirty-eight experiments. Dr. Brokaw and Dr. Davis the past year have operated on a number.

Gastro-enterostomy is an operation to establish a permanent bimucous or artificial fistula between the stomach and some part of the intestinal canal. The word is a general one, as we might specify gastro-jejunostomy, gastro-ileostomy or gastro-colostomy. The operation was first performed by Dr. Wölfler of Vienna, in 1881. This operator began to do a pylorotomy and being unable to execute it from local hindrances ended the scene by a gastro-entérostomy. Since that time Billroth, Lauenstein, Senn,

Barker, Rydygiev, Rockowitz, Page, Raushoff, Monastyski, Czerney, Hahn, Küster, Winslow, Postemski, Stamm, Luecke and others have advocated and practiced the operation. The records of over one hundred and five operations for gastro-enterostomy are now extant. The object of the operations is to overcome obstruction in the pylorus by diverting the fæcal circulation through another channel. Gastro-enterostomy is a rival and a substitute for pylorostomy and is fast displacing the latter operation.

The most favorable report of gastro-enterostomy comes from Professor Luecke of Strasburg, who did eight operations with seven recoveries. It was an unsafe operation by the old method of time-consuming process of suturing, but modern aggressive surgery with its rings and plates can do the whole operation in thirty minutes, making it a safe, reliable, recognized surgical procedure. When we consider that thirty-five per cent. of *all* cancers attack the stomach, and of stomachic cancers sixty per cent. fix themselves in the pylorus, then the operation arises to supreme importance.

It appears reasonable that gastro-enterostomy should be substituted for pylorotomy in cancer of the pylorus, for autopsies demonstrate that one quarter of pyloric carcinoma exhibit deposits in the liver. Of course other organs along the great route of nourishment and the blood stream are not exempt from infection of this nomadic cancer cell. In such cases the dangerous pylorotomy is almost useless, while the safer and more easily performed gastro-enterostomy will relieve indescribable suffering until the inevitable end of life from this malignant invasion—even from non-malignant neoplasm, stenosis and occlusions of pylorus, gastro-enterostomy has all the advantages of pylorotomy in physiological process, besides less shock and violence to the system as well as a supremely significant short operation. Time, with rings and plates, just as applicable to one mammal as another, are the two great elements of success in intestinal work. The head and front

dangers to the activity and progress of gastro-enterostomy are now removed by the solid base on which rests the successful, scientific, animal experimentation.

Practical example is always in advance of theoretical precept, and so in this paper we will present in practical work to demonstrate the operation, technique, material used, clinical and pathological conditions of results. The experiments consisted of ten operations for gastro-enterostomy with nine recoveries. The subjects were all dogs. No wounds were dressed and the dogs lived together in a cellar. They wiled the time away by eating, drinking, fighting, sleeping and licking the wound until it was quite clean.

Experiment No. 14. — Dog, female; weight, 12 pounds. Animal chloroformed and belly shaved and a loop of small intestine was drawn out of a three inch medium incision. The intestine was incised on its convex border an inch. A perforated sole-leather plate ( $1 \times 2\frac{1}{2}$  inches) was inserted into the bowel lumen. The plate had four sutures attached to it, and the lateral sutures were annexed to needles. The needles were passed from the inside of the gut lumen outward, penetrating the whole thickness of the bowel wall about one-third of an inch from margin of wound. The index and middle fingers were then introduced and a fold of the stomach drawn out, and a similar plate was introduced in a similar manner into the stomach. The stomach plate incision was larger and the needles penetrated the wall farther from the margin of the wound. The serous surface over the plates was then scarrified and the plates brought *vis-a-vis*. The corresponding sutures were then tied, first the lowest lateral, then the two end ones, and finally the upper lateral coapting and approximating accurately the two incised wounds of the stomach and bowel to correspond to the perforations in the plates. Just before tying the plates together, the serous surface between the plates was sutured together by a continuous Lambert stitch. A graft of unsevered omentum was applied closely around the anastomosis and sutured in posi-

tion. The abdomen was closed by three stitches to inch, including skin, muscles, fascia and peritoneum. Dog made an uninterrupted recovery. Seventeen days after the animal was chloroformed to death, and the autopsy revealed the peritoneal cavity perfectly healthy, except a little cicatricial tissue immediately around the anastomosis, showing the rise and fall of a local peritonitis. The graft was solidly and firmly adhered to the parts, enclosing the anastomosis in a sheath secure against perforation, and thickened and strengthened its walls. The union between the surface of the anastomosed parts and the graft was a new formation, the result of proliferation of connective tissue cells, blood-vessels, lymphatics and nerves. The separation of graft and serous surface could not be made, as it was one new formation. The anastomosis was done five feet from pylorus on jejunum. The plates were just as when put in, except that they were softened and the one in the stomach was dissolving away. The plates caused no ulceration by pressure in seventeen days. The fistula (bimucous or artificial) between the stomach and bowel had healed in a directly sphincter-like condition and freely admitted the thumb. It had considerable thickness of new tissue around its margin. The plate and linen sutures were yet in position, not dissolved in seventeen days. Water turned into the stomach passed almost entirely through the artificial fistula. A bundle of straw (enterolith) had collected on the proximal side of the plates, but allowed the passage of foods. Almost no food went through the five feet of physiologically excluded bowel. It did not appear so vascular and it was contracted. My observation is that the physiologically excluded membrane at first has a kind of reaction, and becomes congested and red, then, as time progresses, it pales. Of course the redness is more prominent, because the yellow bile does not pass over it. The dog lost some flesh.

REMARKS.—The stomach plate would absorb and the intestinal plate would pass per rectum. But sole leather is an unsuitable material for intestinal anastomosis. Such

a dog, fed on soft food, will have no obstruction for months at least, but if allowed to roam about, euteroliths will form on the proximal side and cause dangerous obstruction. The straw and hay and bones and shreds entwines and insinuates itself around the plates, and will sometimes enlarge the artificial fistula to almost three times its size. Practical experience teaches that the artificial fistula will contract to one-third and three-fourths of its original size, and, hence, one must make the original incision large enough. Linen thread does just as well as silk.

Experiment, No. 16.—Dog, male; weight, ten pounds. Animal chloroformed and loop of intestine drawn out and sole-leather plate inserted in an incision on convex surface of bowel and similar plate introduced into an incision into stomach. The surface was scarrified and plates approximated with the corresponding sutures tied, belly closed. An unsevered omental graft was applied. The dog made a good recovery. Dog killed eighteen days after. The abdominal viscera were healthy. The anastomosis was well healed and the fæcal circulation well established. The fistula easily admitted the thumb. It had contracted one-third of its original size. The plates were not gone. Water tunnel into the stomach went almost entirely through the new channel. The physiologically excluded bowel was pale, contracted and not much stained with bile. The anastomosis took place three feet below the pylorus. The omental graft had formed firm adhesions. The points of adhesion in the peritoneal cavity showed that local peritonitis had been present. Curious enough, the ascending colon, just above the carcum, had grown fast to the stomach by adhesions.

REMARKS.—Sole-leather plates must be abandoned as insoluble. The omental graft should be seved. All raw places in abdominal cavity should be covered by peritoneal grafts, as peritoneal bands are apt to arise to catch and strangulate wandering guts in future years. Both operations demonstrate that fæcal accumulation will not

occur in the excluded bowel, and that the storm of opposition once raised in the French academy against the operation for fear that fæcal accumulation would kill the patient is groundless. The fæces will take the direction of least resistance. The operation was done in about thirty minutes and the shock was not great. It seems that the fistula in some three weeks had evolved a kind of sphincter from the periodical dilatation and contraction due to irregular passages of fæces and flatus. Eighteen days of pressure on the mucous membrane had caused no ulceration.

Experiment No. 18.—Dog, male; weight, twenty pounds. The usual preparations and a loop of small intestine was incised on its convex border and a raw-hide plate ( $1 \times 2\frac{1}{2}$  inches) attached to four sutures with the two lateral, armed with needles, was inserted into the bowel human. The needles were pushed from inside outward, penetrating the gut wall one-third of an inch from incised margin. A similar plate was inserted in a similar manner into the stomach (incision  $1\frac{1}{2}$  inches). The surface over plates (serous) was scarrified and a continuous Lembert suture stitched them together; then the corresponding sutures on the plates were tied, first the lower, then the end ones and lastly the upper. A few over sutures were applied. A scarrified omental graft was applied over the anastomosis and sutured in position. The dog made an uninterrupted recovery. Dog killed eighteen days after; abdominal organs healthy. The omental graft forms strong adhesions. The anastomosis was well established, and water turned into stomach passed equally through new and old channel. The artificial fistula had contracted about half from its original size. It admitted the index finger. The plates entirely gone. Two threads yet hung in the fistula, which felt and looked just like a natural sphincter. In approaching the stomach the great omentum was torn through instead of being pushed to left. Through this aperture some seven feet of small intestine had slipped or insinuated itself. It looked very suggestive to see

that roll of viscera hanging in front of the great omentum, and teaches us not to make such holes or to resuture them. It would no doubt strangle the intestines in future.

REMARKS.—I have not known of raw-hide being used in anastomosis, but I have demonstrated by many experiments that it is an excellent material. I never knew a plate of raw-hide fail to absorb in the stomach or upper part of the canal, and if no tannin exists in it I never saw it fail anywhere in the canal. The plates are made by shaving the hair off the green hide, cut the plates ( $1 \times 2\frac{1}{2}$  inches), perforate the plate in the middle for faecal circulation and arm it with six sutures and six needles; it is best kept in alcohol. I thread them by putting two needles on one (double) thread and then pass the thread through a hole in the plate and back through another. The stomach should be anastomosed from its most pendant portion, so that the food and secretions will pass out easily and keep the fistula open. I did not intend to exclude, physiologically, four feet of small intestine in No. 18, but did it in mistake. The advice of Luecke and Lauenstein, though high authority, should be discarded. It was to seize the first loop of bowel (distended) which appeared. That is not justifiable, as such loop might be the lower end of the ilium—a mistake which Lauenstein made, killing his patient in a few weeks from marasmus. To find the duodenum, introduce the index and middle fingers and feel for the pylorus, and especially the end of the pancreas, first pushing the omentum to left. The four feet of bowel excluded did not accumulate faeces, but assumed a condition of atrophy.

Experiment No. 24.—Dog, male; weight, 20 pounds. Operation, gastro-enterostomy; material, raw-hide plates. Dog made a good recovery. He was killed in eleven days. Abdominal organs healthy. I had intended to anastomose the transverse colon, but the autopsy showed that undisturbed and the rectum was anastomosed to the stomach. Hence the dog had just enough stomach and gut to reach from mouth to anus for an aliment-

ary canal. It dragged, and so dilated the stomach to one-fifth larger than normal. Water turned into stomach went almost entirely through artificial fistula, which felt like a sphincter, admitting the index finger. It had contracted one-half of the original size. Though the dog had nearly all the bowels physiologically excluded, he did not have marasmus nor faecal accumulation in the excluded intestines. The plates were entirely absorbed.

REMARKS.—The mistake of seizing the rectum for the transverse colon should be remembered. However, exenteration is the only proper method of certainty. The bowel should pass through the fingers and before the eye. Professor Madelung's test is too familiar to be repeated, but it shows how difficult the diagnosis of intestinal obstruction is. The experiment demonstrates that raw hide is a proper substance for anastomosis.

Experiment No. 26.—Dog, female; weight, 30 pounds. Operation, 'gastro-enterostomy; material, raw-hide. I extirpated this dog's spleen 79 days previous and the caecum was extirpated 35 days previous by the gastro-enterostomy. The raw-hide plates armed with six sutures and six needles were inserted as usual, and scarrification and graft applied. The dog was not sick, recovering from the operation and ate voraciously. She died on the fifteenth day from pure marasmus. She lost flesh from the first operation, much from the second and finally rapidly from the third. Autopsy showed every wound well healed. The plates entirely absorbed. The anastomosis was well healed and established. The artificial fistula was contracted one-half of its original size. The stomach was attached to jejunum two feet from pylorus. The fistula had a sphincter-like condition, admitting the little finger. Scarcely a vestige of fat could be seen in the dog. The peritoneal graft applied to anastomosis had sealed it all in with a wall of exudate and held the parts solidly and firmly in its place. Many old adhesions existed, marking the rise and fall of inflammation. All that remained of the spleen was a contracted

cicatrix. Caecum gone and in its place scars. The two feet of excluded gut did not, of course, cause the profound marasmus which followed the last operation. The marasmus acted on the dog after each operation in geometrical ratio. From mal-assimilation, the dog went swiftly onward and swiftly downward, but not from the operation.

Experiment No. 37.—Dog, male; weight, 25 pounds. Operation, gastro-enterostomy; material, segmented rubber rings, armed with six sutures and six needles, and the tubes were held together by four strands of green raw-hide. The rings were introduced into bowel and stomach through incisions, and approximated and tied like the plates. Omental graft applied. Operation required thirty minutes. Animal recovered well and was killed eight days after the last operation and eighteen days after the first. The dog lost four pounds in eight days from marasmus. Abdominal organs healthy; bands and adhesions existed. Rings were gone. Anastomosis perfectly healed and faecal circulation established through the sphincter-like, half contracted fistula. Water passed equally through natural and artificial channel. The omental graft was torn from the part of the omentum, which lay over the stomach (3x4 inches). It had firmly and solidly adhered to the parts. A curious incident, which has now occurred twice in these operations, was that through the aperture torn in the great omentum, some eight feet of small bowel and its mesentery had wriggled and insinuated itself, and the omental aperture tightly grasped the herniated viscera at the neck. This is a good lesson to take the graft from the edge of the omentum or resuture omental apertures.

Experiment No. 30.—Dog, male; weight, 20 pounds. Operation, gastro-enterostomy; material, raw-hide, omental graft. All parts scarrified. Time, forty minutes. Dog made an uninterrupted recovery. He was killed seven days after. Omental graft firmly adherent. The stomach plate gone and the intestinal plate one-fourth gone. These

plates were raw-hide, belt-leather, in which was considerable tannin. Anastomosis well healed and faecal circulation established entirely through the artificial fistula, which was sphincter-like, and contracted one-third from original size. Two feet of bowel was excluded. The omentum was found attached to medium abdominal incision. The scope of this limited paper precludes detailed remarks.

Experiment No. 32.—Dog, male; weight, twenty pounds; operation, gastro-enterostomy, material, green raw-hide with hair shaved off; plates armed with six sutures and six needles. The plates were inserted in a one inch bowel and one and one-half inch stomach incision, serous surface over plates well scarified, plates coapted and corresponding sutures tied. An omental graft was applied and held in position by sutures. Plates should always be put in convex side of bowel. Time of operation, thirty minutes. Dog made an uninterrupted recovery. He was killed seventeen days after first operation (ileo-ileostomy) and eight days after last; abdominal organs were healthy. The anastomosis was well healed, omental graft firmly adherent to parts; the artificial fistula conducted the faecal circulation entirely as far as was known. It had a firm sphincter-like condition and was contracted half of original size. The anastomosis was down three feet below pylorus.

These operations with many others demonstrate that the raw-hide plate is a proper material for anastomosing intestines. It is absorbable, accessible and coapts much serous surface. However, I am now inclined to use a new plate which I manufactured a few months ago—I shall call it the segmented rubber plate. It is made up of two bands for rubber segments and a ring of cat-gut, raw-hide or sheepskin placed under it; six needles and six sutures are fastened to the ring. The plate is held together by cat-gut and can be made adaptable to any portion of the alimentary canal, by regulating the quantity and quality of the ring. The plate is easily made, is accessible, con-

venient, holds firmly intact until it breaks down. It has no points to gangrene and slough the gut wall. It presses equally in all directions. It coapts and holds in approximation the largest possible amount of serous surface. It is an ideal plate.

The results of gastro-enterostomy are on trial in every land. The mills of the Gods grind slowly but exceeding sure. The final, physiological and anatomical effects on life must be determined by observation and the subsequent life of the animal operated on. It must include many cases through many years of distinctly recorded work. Brilliant single-case results should not dazzle the eyes to generally observed effects by good specialists. Extended clinical research is the only excuse to claim any authority in the matter. The results are of two kinds—one to relieve suffering, to the inevitable end, in malignant diseases; this it does well in general. The other result is ultimate cure of obstruction; it does this well in general. One of the best operators and observers in this subject is Professor Czerney. He did eleven operations with eight recoveries, but the condition of the patients precluded long subsequent life.

## CORRESPONDENCE.

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### RECOLLECTIONS OF TRAVEL.

The primary object with which our party of two started from home was to give a year's time to the recovery of health, and to rest and amusement. Therefore, no straining efforts were made to gain a store of knowledge.

For purposes of mental improvement, the voyager should make daily notes of observations and reflections. But I have not made any notes, professional or otherwise; and can not produce before you neat statistical details, or nicely accurate scientific data.

There is, at this time, such general travel on the part of the medical and surgical corps of Cleveland, that I believe it would be valuable to readers at home, and would especially aid the intending traveler, by affording him knowledge of the locations of known men, museums, clinics and laboratories to be visited, if those who are now going abroad should be requested to send short, open letters to our home medical journal. A precious amount of time is spent, after arrival in a city, in ascertaining where one can obtain the observation and instruction which he would like to have. This could be obviated, if a current of news upon these topics was kept flowing through the channel of the home periodical. Voyaging is, after all, busy work, to one who wishes to see the old world's sculpture, paintings, architecture and landscapes and people, and yet not entirely neglect medicine and surgery. At the time when the incidents and manner of each day's achievements are fresh in the mind, many hints could be given of ways to economize time, and to avoid the waste in preliminary investigation after places and men. It may be said here, that it is generally a disadvantage to the searcher after professional pointers or one desirous to see the methods of distinguished men, if he is in any degree modest; and the more so, if he is past the time of youth. The clinical instructors, and the men

whom you find doing the practical work in laboratories are generally young and not long removed from college studies. To you, time is too valuable to go through courses of elementary instruction with the hope of finding a few methods which would be serviceable. Even where desuetude or meagerness of preliminary acquirements has left you imperfect in some matters, it is not agreeable to display the shortcomings of that which appears to the young instructor of the present generation a crude and past stage of medical evolution.

On his part, the young instructor is not willing to forego the pleasure of dilating upon subjects which are familiar to you, but recent acquirements to him; not willing, instead of these, to restrict himself to giving you information upon particulars upon which you might spend your time profitably. The ordinary laboratory is arranged for students' courses, and there is no one willing to post you in a brief way, upon the inside methods of work of the laboratory. You must be either immature or you are too mature. At clinics you may sometimes obtain, by a fee to the doorkeeper, a position for better observation, but this method will not serve in the laboratory.

The great throng of students who come from America to Vienna and other cities, makes an impression upon the minds of the instructors and the general profession in Europe which is not entirely flattering to the profession in America. This depreciative impression is not due to lack of intelligence among the American students, but rather to the fact that they are foreigners, imperfect in speech, regarded from the standpoint of the amount of money which can be obtained from them, and, like coin when it is plenty, lowered in value and interest by the abundance of it.

The graduates of American schools go into Germany and France to obtain the advantage of further observation in the clinics, and further instruction in special lines. Their purpose is to perfect themselves in one or more particular branches of the composite guild of the healing

art. They carry their money in their hands, and sometimes place the fee where there is not much given in return. The little Benjamin goes down to Egypt leaving his coin and gets his sack filled with some chaff as well as grain. Sometimes, however, an instructor is found who has ample material, and the desire to give every facility for study and observation. There has recently been opened in Vienna a club-room, or meeting-place for American and English students which, it is hoped, will enable a man to find easily where attention and instruction may be expected.

Withal, the general impression left is, that our teaching on this side of the water is imperfect, that our medical men are not of the high grade of their own. This is partly made by the number of young graduates who go from us to them, while they do not send any to our side for instruction. Something of the effect which the emigrant produces upon us is apparent. The American profession is estimated as we form opinions of the people of the emigrant's country. This effect of numbers is increased by the fact that none of us, with rare exceptions, are thorough masters of German, French or Italian. If you feel yourself to be proficient in some branch, and undertake to hold a conversation, you may get a return from your auditor in an expounding of the subject in such way that you perceive, as he raises his voice to a high pitch, an implication in the tone, that you are not only an idiot but hard of hearing. To attempt a joke in a foreign tongue is, as you may know, very hazardous; and it is also true that, in a foreign tongue, to appear wise through your speech requires nice distinctions in the use of words. Lack of this puts us all to a disadvantage. In illustration to my thought, I may relate that since my return I spoke to one of our medical brethren of the clinic of a certain distinguished surgeon, now a professor in the College of France, who some years ago visited Cleveland. My friend said in surprise: "I was introduced to that man when he was here, but I did not pay much attention

to him. I thought he was some French village doctor."

After these general remarks I wish to mention a visit to the Pasteur Institute; the laboratory for bacteriology in the College of France; the study of pathology in Vienna; the surgical clinic of Professor Terrier in Paris; the clinics of Professor Charcot, of Dr. Luys, and their lectures on Hypnotism; and the winter climates of Europe.

#### THE INSTITUTE PASTEUR.

I paid a visit to the Pasteur Institute in the month of May of this year. If I had the purpose of crossing the ocean to make a study of bacteriology, I would choose to spend part of my time in the laboratory of the Pasteur Institute. The building is new and commodious. The laboratory is furnished with every modern appliance and convenience for investigation. Good accounts are given of M. Pasteur's first assistant as a teacher. Although the institute is intended especially for the preventive treatment of rabies according to the Pasteur method, it is provided with arrangements for the propagation and culture of bacteria in general, and for their study. On the day of my visit I saw seventy persons treated for the prevention of rabies by inoculation, in less than two hours. The solutions of the spinal cords of rabbits are arranged near to the operator in a series of glass tumblers. These spinal cords, dried over caustic potash, are taken from rabbits which have been trephined and inoculated on the membranes of the brain, and killed after the inoculation has taken effect. After fifteen days the virus of the dried cords becomes too feeble to be of use. With the solution of these cords, which have been dried fifteen days, and of feeble virus, the treatment is begun. By the series of tumblers of virus solution stands an assistant, who fills the hypodermic syringe from the solution of the strength required for the patient, handing it thus filled to the operator. The patients are arranged in classes, from class one to class fifteen. The time of treatment comprises fifteen days, and the strength in virus of the solution of rabbits'

spinal cord varies according to the number of the day of treatment. The first day of treatment is made with the weakest solution, and the solution is stronger up to the fifteenth day, when the treatment is finished. Every one of the assistants has undergone this preventive treatment to avoid accidents. Near to the operator is the clerk of the clinic, who keeps the names of the patients and has them divided into these fifteen classes. When one class has been operated he calls out, by number, for the next class, and these coming to range themselves together, the name of each one is called to step forward for the little operation. Each of the patients, man, woman or child, as they came forward, presents the right side of the abdomen to the operator, and, as they draw the outer clothing aside, it is seen that a slit or opening has been made in the shirt or chemise, large enough that the operator can seize a fold of skin and insert the hypodermic needle. Of course, different degrees of equanimity are shown by the patient in receiving the treatment, which is only accompanied by the slight pain of inserting the hypodermic needle. Some of the patients were very recent cases and showed the wounds made by the rabid animal. Most of them were from France, some were from Italy and one was from Egypt.

There are quarters connected with the establishment for keeping rabid dogs which have bitten people, for the purpose of assurance as regards the genuineness of the case. There is a crematory where all the remains of animals entering the institution with any disease, or which are inoculated for the purposes of investigation, are burned, so that nothing can go out to spread disease.

I had the honor of some conversation with the venerable gentleman who, by his investigations, has done so much for the cure of man, as well as for different branches of industry, the culture of the vine and of the silk worm, and the raising and marketing of cattle, and has opened up a fertile field of investigation into the causes of disease. Monsieur Pasteur is small in stature, earnest in

countenance, with hair which has become gray, and shows in his movements something of the feebleness of age. He therefore does his clinical work through his assistants; although present himself and going among the numerous patients, he speaks cheerful words to all. He appeared to me to be very kind and polite, and willing to afford ample insight into his methods of treatment.

THE LABORATORY FOR BACTERIOLOGY OF THE COLLEGE OF MEDICINE IN PARIS, AND A GLIMPSE AT THAT OF VIRCHOW IN BERLIN, AND AT THE HISTOLOGICAL LABORATORY IN HEIDELBERG.

I was indebted to some medical gentleman in Paris for an introduction to Professor Cornil, also to his director of the pathological laboratory in the department of bacteriology. It seemed to me that I might have been accorded, under the circumstances, some special instruction by the director of the laboratory, but I was turned over to a couple of bright young men, who were the assistants in the laboratory. I was charged two hundred francs for a short course of ten lectures which were well delivered, but chiefly valued by me as a course in French pronunciation. There are good facilities for the ordinary students' courses here, although I think I have seen as good in Johns Hopkins University. These large laboratories all have the requisite appliances for sterilizing and place for keeping animals under experimentation. They have sufficient funds to maintain them in good order. In looking over them I often felt the grind of poverty in that, at home in Cleveland. I knew that there was not, in all the schools of medicine, the money to afford to such a department as pathology or histology the first essential to keep it in order, the salary of a servant, independent of the other departments, to sweep its floors and clean its instruments. I did not see any new expedients or processes in this laboratory. I saw an excellent microtome for cutting imbedded sections of small size, in which a common razor is used.

Virchow's laboratory in Berlin was visited. The great

professor was, at the time, sick with the prevalent influenza. There was no one at work there except one American student. The students are drawn to Koch and younger instructors. The servant conducted me to see the great collections of pathological specimens. I have long desired to know how the alcohol, which has been already used in the preservation of specimens, is treated so that it may be further used, while fresh alcohol is placed on the specimens repeatedly until they appear in their glass vessels in a perfectly clear fluid. In this laboratory the old alcohol is run through large filters of charcoal in lumps—charcoal which has been but little broken up.

At Heidelberg I had also an opportunity to see one of the laboratories for histology very well appointed. Heidelberg is one of those charming places where one would desire to go for any department of study. In all these perambulations where one intrudes a visit upon his fellow professionals, the visitor's consciousness quickly tells him how many electrical amperes of hospitality are let on and allowed to shine for him. There is a lesson in it. One reflects that at home, in the press of business or the interests of the hour, there have been occasions when the rights of hospitality have been too meagerly bestowed upon the visitor at hospital or college.

#### THE STUDY OF PATHOLOGY IN VIENNA.

I was gratified in receiving from Dr. Zantman an invitation to attend his course of lectures on gross or microscopic pathology, in the pathological building of the general hospital in Vienna. I have never attended any course of lectures more instructive in that department of work. In the class the large majority were Americans. The number is limited to from twelve to twenty, a number that can conveniently be seated around a table upon which the specimens are placed. Dr. Zantman calls upon the members of his class to systematically examine specimens, and to give a description of what they see, of the causes of the appearances, and the nature of the specimens as examined and

as seen by the naked eye. This is, I believe, a hospital where more sick are brought together in one neighborhood than in any other place in Europe. Here, also, there is an abundance of material, so that pathological study need not be restricted in order that the anatomical rooms should be supplied. Nor is there any restriction in the *post mortem* investigation. The lectures of Professor Kundrat, who is at the head of this department, were also very interesting. The microscopical appearances were shown by means of an excellent apparatus for projecting the images of sections of objects placed under objectives of higher power than I have heretofore seen used. This apparatus, made by Ploesl in Vienna, costs fifteen hundred dollars alone, and with steam-engine and dynamo to run it, costs three thousand dollars. It could be run from a wire connected with an electric lighting plant. It is an arc light managed with great steadiness.

On Dr. Zantman's table I saw a number of specimens of catarrhal pneumonia, which was a frequent complication of the epidemic influenza, then prevailing in Vienna.

Altogether there is no other place equal to Vienna for the study of gross pathology. In Heidelberg and Berlin and Paris there are probably preferable places for the study with the microscope.

#### PROFESSOR TERRIER'S SURGICAL CLINIC IN PARIS.

One of the opportunities which I prize the most was that afforded by the surgical clinic of Professor Terrier. This genial and learned and skilful gentleman has the whole of the surgery of the Hospital Bichat, which is distant from the central part of the city, and is, therefore, not so thronged with students. The operating rooms are kept antiseptically clean. Instruments are sterilized by heat. I noted that the elastic bougies and catheters are all kept sterilized in what might be called long, large test tubes, stoppered with sterilized cotton.

The use of the carbolic spray, which prevailed some years since, has been abandoned in the operating rooms

so far as my observation goes, and bichloride water and solutions of carbolic acid used instead. Iodoform and boric acid maintain their ground. Chloroform was alone used for anæsthesia wherever operations were seen. I saw used in Paris, for drawing the tongue forward in anæsthesia, a tongue forceps, which has a sharp stylet or tooth, which penetrates through the tongue. The necessity for this seeming barbarous expedient was not apparent in this clinic. I was glad to see the surgeon himself doing the operation, and watching carefully his patients afterwards through the course of healing. There is too often seen the surgical magnate looking on and directing assistants to do the work. Anyone can think how complicated the lines of responsibility may become with this method, to the detriment of the patient's case.

THE LECTURES OF PROFESSOR CHARCOT AND DR. LUYAUX ON  
HYPNOTISM.

The subject of hypnotism has lately excited much interest throughout Europe. The initiative to this renewed and more accurate study of the curious phenomena of hypnotism or mesmerism, was given by Professor Charcot of the Laraborsiere Hospital, and his assistant and pupil. Dr. Luys of the Hospital Charité, has furthered this interest in Paris; while in the school of Nancy, and in various cities of Europe it has been brought forward. It became a sort of popular craze, so that, to illustrate, I found that a young Frenchman and a young Swede were holding hypnotic seances in a large pension where we staid some time in Paris, and directing especial attention to some young American girls, presumably Indiana heiresses, who were abroad by themselves, four thousand miles away from their parents. Laws have lately been made in France to prevent unauthorized seances. I had hoped to be present when Charcot was treating of this subject, but the lecture which I had an opportunity to attend was devoted to the discussion of sick headache.

Having left my card a week before, with the door-

keeper of La Charité Hospital, I received a letter giving me admission to the lecture and clinic of Dr. Luys on a certain day. He was in the beginning of his course on hypnotism, and in this hour explained his views in regard to the parts of the brain which were influenced, making use of diagrams which were in keeping with the modern knowledge of the structure of the brain. His views were, in brief, that through influences brought to bear upon peripheral nerves of sensation, special sense, or muscular sense, certain of the basal ganglia were inhibited or rendered additionally sensitive. Professor Charcot and Dr. Luys occupied positions which would enlist confidence, as would also the manner of the gentlemen. A looker on could not help but marvel at the various effects produced. The persons presented to the well-packed class room were patients drawn from the hospital wards. They were indeed persons who had already frequently been subjected to the conditions of hypnotism. There was nothing for the doctor to do but close the eyes and say "*dorme*," that is "sleep," in the imperative mood, and the patient was off on the instant into unconsciousness. Conditions of complete anæsthesia were shown; also, of remarkable hyperæsthesia, so far as regards sight and influence of colors. He seemed able to divide the personality—one side could hear and the other could not; one side could hear and talk, but the other side could hear but could not use words. A large magnet placed near the head caused its effect to be shown in pleasure or pain. Dr. Luys said it was only after training that cases came to be so easily influenced. At first, to save personal fatigue, he trains them with an instrument with revolving mirrors, by looking long at which, the person may be brought to sleep. After the susceptibility to hypnotism is developed, it becomes more and more easy for them to fall into the hypnotic state, and finally, at a word, or by simply closing the eyes, or even by pinching lightly the ear, the effect is produced. Hysterical paralysis and other phenomena of hysteria, chorea, abnormal affections and sexual pervers-

sions, epilepsy, melancholic states, are said to furnish field for hypnotic therapeutics.

A FEW WORDS ABOUT WINTER CLIMATE IN ITALY AND  
EUROPE.

Many years ago I had been in Southern Italy in April, and found pleasant days at Naples, and something like our May in Rome and Florence. An impression remained that the earlier winter time would be very pleasant. In the present travel we were in Italy in January and February. It is a chilly sort of sunshine which greets the stranger and helps him at that season to excuse the frequent rains, rooms with expensive and imperfect means of heating or none at all, and the chilly museums, frigid picture galleries and churches. A really sick person would feel that it was poor advice which sent him across the great ocean when he could have the true summer in winter time in Mexico, the Bahamas, Florida, Arizona or Southern California. I believe, in fact, that we have winter climates superior to the Riviera of Southern France or any part of Italy. Venice was indeed pleasant in the middle of January, and much preferred to Naples, which is so much further south, where you do not recover from your surprise in seeing lemons and oranges ripening in the cool air, covered with cut boughs to protect them from frost. But the nerves of the American woman of society cannot be reinstated without exile to distant lands, and the millionaire doubtless recovers better in Europe. One of our countrymen, a young physician who was himself in ill health and seeking a climate, was asked why he did not prefer some of our excellent regions for his condition. His reply was instructive. "If I went to a place in our own country and returned after a couple of years to resume business, I should have lost my practice, but if I go to any point in Europe and come back I am 'a bigger toad in the puddle than when I left.'"

Without denying that we can learn many things in the old world, nor that we are there sometimes brought to humiliation for some things in America, a study of the concourse of the restless pilgrims roaming abroad makes it evident that Americans are doing unseemly obeisance to Europe under the instigation of Mrs. Grundy.

ISAAC N. HIMES, M.D.

# The Cleveland Medical Gazette.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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ONE DOLLAR PER ANNUM IN ADVANCE.

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Original Communications, reports of cases and local news of general medical interest are solicited. All communications should be accompanied by the name of the writer, not necessarily for publication.

All letters and communications should be addressed to the CLEVELAND MEDICAL GAZETTE, No. 143 Euclid Avenue, CLEVELAND, OHIO.

Changes for advertisements must reach us not later than the second week of the month to be corrected in current number, addressed to CLEVELAND MEDICAL GAZETTE, 143 Euclid Avenue, Cleveland, Ohio.

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EDITED BY A. R. BAKER, M.D., AND S. W. KELLEY, M.D.

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## EDITORIAL.

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### TWENTY-EIGHTH ANNUAL ALUMNI MEETING — COMMENCEMENT EXERCISES AND BANQUET OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF WOOSTER.

#### ALUMNI MEETING.

Alumni meeting of Medical Department Wooster University was called to order in college amphitheatre at 3 o'clock, July 30. The president, Dr. J. M. Sattler, being absent, Dr. F. J. Weed took the chair, and heartily welcomed the alumni back to their alma mater. He reviewed the history of the college, noting the untiring work and zeal of many of its old professors, and said the faculty have always been foremost to advocate a higher standard of medical education and among the first to inaugurate such standard. Following the address of Dr. Weed, the routine business of the association was trans-

acted. After the reports of officers, etc., Dr. O. E. George, the historian, presented a very interesting paper. A revised alumni catalogue and new blank "certificates of membership" were ordered printed. A committee on revision of constitution and printing, consisting of Drs. Merz, Cotton and Towsley, was appointed. All members of class of '90 were elected to membership of association.

The following officers were elected for following year: President, Dr. J. J. Erwin, class of '87. Vice-presidents, Dr. F. J. Weed, class of '64; Dr. H. A. Schwendener, class of '79; Dr. W. S. McFarland, '85; Dr. W. M. Miller, class of '89; Dr. W. A. Searle, '90. Secretary, Dr. C. E. Cotton. Treasurer, Dr. L. G. Towsley. Historian, Dr. D. K. Jones. Orator, Dr. H. T. Clapp.

Dr. Erwin, on taking the chair, made some very appropriate remarks, urging the members always to keep in mind the happy days spent in college, and often to return and keep up old friendships and associations. Adjourned to meet in one year.

#### COMMENCEMENT EXERCISES.

The commencement exercises were held in the Church of the Unity, the capacity of the church being taxed to hold the number present to participate in the exercises. The exercises were opened by an organ solo by Mr. Frank Miller, followed by prayer and a selection by the Arion quartette, after which Rev. Dr. S. F. Scovel introduced the speaker of the evening, Professor John A. Brashear of Pittsburgh, Pennsylvania.

Taking as his subject, "Modern Scientific Progress," Prof. Brashear outlined the wonderful achievements of science during the past fifty years. He told some amusing stories concerning the state of astronomy in the time of Galileo and made a resumé of the progress made in the science up to the present time. He called attention to the wonderful relations of the spectroscope and spoke of the unpublished discovery of the star Zeta Virginis, in

which he was instrumental. The speaker referred to the great improvements in mechanical science, and suggested that it would be beneficial if physicians were trained in the manual arts. He paid a well-deserved compliment to Professors Morley and Michaelson, scientists connected with Case school and Adelbert college, and said that much of their work had been tested and approved by the most distinguished investigators of the old world. In his remarks to the class, Prof. Brashear said he was glad that the University of Wooster was a co-educational institution, and referred to the many contributions to science made by women. "It has always seemed a wonderful thing," said he, "that men and women should have it in their power to assuage human pain and misery. When you enter your profession, I hope that none of you will be venal enough to work for money alone. If you have no higher object, you had better step out of the ranks at once. Don't lower yourselves for the mere love of gain. Take the emblem of truth in your hands and drive quackery from this broad land of ours. Upheld by a sense of duty and a firm resolve to do the best you can, you will never be ashamed to point to the shingle over your door. Remember that a very little book will contain all you know and a mighty tome as large as this house would be required to hold all that you do not know. If you look upon your profession in this light, then go forward, and I will not be afraid of the end."

The Arion quartette then sang that beautiful song, "Stars of the Summer night." Mr. Harold E. Blazer, the class valedictorian, delivered a brief address, in which he spoke of a new building for the college, and expressed the hope that the means might be soon provided for its erection. In behalf of the class he spoke of the faculty in the highest terms, and spoke the words of farewell customary on such occasions. The degrees were conferred by the president, Dr. S. F. Scovel of Wooster. In the presentation speech the gentleman made a fine distinction between professional feeling and so-called professionalism,

and enjoined the class not to lose their interest in professional studies.

The degree of doctor of medicine was conferred upon the following ladies and gentlemen, twenty-two in number : Graduates—Henry Armstrong, Rufus Walter Athey, Charles Betts, Harold Elmer Blazer, William Francis Brokaw, A. Wilson Calhoun, Harold Thompson Clapp, Ed. W. Cornetet, Gustav William Dräsel, Jefferson N. Drennen, Milton Harvey Evans, Jr., Eliza E. Grossman, Jessie Marion Horrocks, Leonard Joseph Kiernan, Gideon F. Lower, Edgar O. McCall, Almon G. Moffet, D.D.S., James A. Plummer, Salmon Burdette Sayre, Will Alonzo Searle, George Horace Somers, Charles S. Terrill.

#### CLASS OFFICERS.

W. F. Brokaw, president; C. S. Terrill, vice-president; Henry Armstrong, treasurer; Miss Jessie M. Horrocks, secretary; H. E. Blazer, valedictorian.

#### BANQUET.

The complimentary banquet given by the faculty to the alumni and graduating class was given at the Hollenden. Professor A. R. Baker acted as toast master. The first toast, "The University" of Wooster, was responded to by Rev. S. F. Scovel, D.D., in his usual happy manner, and many encouraging things were said about the university in general and the medical department in particular. Professor F. J. Weed responded to the toast "Our Future," who, after reviewing the past, prophesied a most brilliant future. Rev. Mr. Elliott of Rittman, Ohio, member of the Board of Trustees and chairman of the Committee on the Medical Department, responded to the toast "The Alumni," and stated that the Medical Department was growing in favor with the Board of Trustees, and they were planning how best to render this department more financial as well as other aid. Professor John A. Brashear responded to "The Graduating Class," and Professor C. F. Dutton "The Ladies," and the Arion quartette "Good Night."

## MEDICAL ATHLETES.

The class of the current session of the medical department of Wooster university, whose labors closed with commencement day on the thirtieth ult., enjoyed their annual field day at Rocky river on Saturday, July 19. This has been a most pleasant feature of the college course for several years, and a day which all those who participated therein will ever after revert to with the liveliest and most pleasant recollections. The members of the faculty seemed to enter into the spirit of the occasion with as much zest, if possible, as the students, and did everything possible to make all enjoy themselves. This year the students were given choice of an excursion by boat to Put-in-Bay, or a day of sport to be spent at Rocky river. They chose the latter, as affording the best opportunity for sports and pleasure, and the presence of members of the faculty who could not go to Put-in Bay. It was announced that there would be some prizes to present to the winners in the various contests, but none of the students were quite prepared to expect such handsome and valuable presents as were awarded.

First on the list of sports was a game of base ball by the seniors against the juniors and freshmen, and as this was the last chance the seniors would probably have of downing the others, they forgot for the time being the much discussed question of how and where to secrete ponies for the final examination for the coveted sheepskin, and squared themselves to win, which they did by only a scratch, the score standing 10 to 9. The next was a vigorous and exciting game of foot-ball, which tested the agility and wind of the contestants to the fullest extent. As this also was a contest of seniors *vs.* juniors and freshmen, and as the seniors had received a box of fine cigars as a prize in the game of base ball, the juniors and freshmen combined to make the seniors pay dearly if they won the next box, and the result was a whitewash for the seniors, the score standing 12 to 0, the opponents carrying off a box of fine cigars also.

The next contest was a standing broad jump won by G. H. Somers, whose jump was 9 feet 3 inches, the prize being a fine surgical instrument in case. The running broad jump was won by H. T. Clapp, jumping seventeen feet ; prize, a set of gynæcological instruments in a case. Moffatt and McQuillett were a tie on the running high jump, 4 feet 8 inches, the former receiving two duck-bill speculæ, a vectus and an emergency tourniquet, the latter, an aspirator, a set of oral speculæ and an emergency tourniquet. The standing high jump was also won by Clapp, who seemed to have the ability to lift himself over by his boot straps without any effort, and this time he received as a prize a set of Molesworth's gynæcological instruments in a case.

The next thing was a 100-yard dash, won again by the irrepressible Clapp as first and Taylor second, the former receiving a case of instruments and the latter a set of surface thermometers in a case.

After the race all repaired to the hotel, where Mr. Silverthorn had an excellent supper in readiness for 100 hungry students, members of the faculty and their wives.

The entire expenses of the occasion were paid by the faculty, and the students heartily appreciated the kindness.

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### THE NURSES' DIRECTORY.

As stated in our last number, at the urgent solicitation of many physicians in the city, we have organized a nurses' directory, and have already registered a large number of the best nurses in the city. After consultation and correspondence with a number of persons connected with nurses' directories throughout the country, we have adopted the following plan, which we hope will meet with the approval of the profession and prove of value to all concerned:

Besides the names and addresses of the nurses, our office shows upon its register the age, sex and language of the nurse, whether trained or not, the kind of cases preferred or usually taken by the nurse, as general nursing, confinement cases, surgical, children, general nursing and will

assist at housework, massage, massage only. The register also shows the nurse's price per week and gives references, both professional and otherwise.

Every registered nurse is provided with addressed blank postal cards, and notifies the office of every engagement and when and how long engaged.

Thus it will be seen, that by calling or telephoning to this office, the task of finding a nurse will be facilitated; not only will a nurse be found, but the kind of a nurse adapted to the special case.

Such an arrangement, we are sure, will be of great advantage and convenience to physicians and to their patrons, and could not fail to be of equal benefit to the nurses and largely increase the number of their engagements. We hope that all in need of such services will call at 143 Euclid Ave., or telephone 976.

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#### THE MEDICAL DEPARTMENT OF THE WESTERN RESERVE UNIVERSITY.

By referring to the advertising pages of this copy of the *GAZZETE*, it will be seen that a number of changes have taken place in the faculty of this old institution, most of these being necessitated by the change to the graded course of three years, which requires a large addition in the number of teachers. It will be seen that Drs. Sihler, Corlett, Case, Sawyer and Hobbs have all been made professors, although, we believe, not entitled to vote or have any part in the management of the institution.

Dr. John H. Lowman has been made Professor of Internal Medicine, a well-merited promotion. Dr. C. B. Parker has been elected to the Chair of Surgery in addition to that of Gynæcology, which he already so ably occupies. Dr. Proctor Thayer still holds the chair of Medical Jurisprudence, and has been made emeritus Professor of Surgery. Dr. Joseph F. Hobson has been appointed Demonstrator of Anatomy in place of Dr. Geo. F. Leick.

Professor Himes has returned from Europe, and Professor Kitchen is expected to return from his protracted visit to the old country before the winter session opens. With an able and efficient faculty, splendid laboratories better

equipped than ever before, a dispensary presenting daily nearly a hundred clinical cases under the care of special instructors in each department, it is superfluous for the student to seek an Eastern college for a thorough and complete education, or the practitioner for post graduate study.

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#### MEETING OF THE UNION MEDICAL ASSOCIATION OF NORTHEASTERN OHIO.

The Union Medical Association of Northeastern Ohio held its seventy-seventh quarterly session in K. of H. hall, Kent, Ohio, on Tuesday, August 12, the meeting being opened at 10:30 A. M., with Dr. W. T. Barnes, president, in the chair.

Dr. McEbright reported the death of Dr. E. W. Howard, whose name stands first on the list of signatures to the constitution of the Association, and spoke at some length upon the long, eminent and successful professional life of the deceased. Drs. Sherman, Lyman and Alcorn followed with remarks upon the life and character of Dr. Howard, after which the matter was referred to the Committee on Obituaries for appropriate action at the next meeting.

The corresponding secretary read a communication from the State Medical Society calling for an expression upon the proposed amendment to the constitution of that body, by virtue of which members of county medical societies shall be permanent members of the State society. After some discussion, a motion to recommend the adoption of the proposed amendment was put and lost.

Dr. Hitchcock presented a clinical case giving the history, progress and the treatment of the same. The case was one of abscess of the frontal sinus which had been evacuated by drilling through the bone near the inner angle of the eye, the depth to which a probe could be inserted leading the doctor to think that possibly the abscess was within the cranium.

Dr. Corlett read a paper upon "Clinical Observations of the Cutaneous Eruptions in Diphtheria." The paper

was discussed at length by Drs. Harmon, Alcorn, Sherman and others.

Dr. Pope read a report of a case of supernumerary fingers of both hands, which he had amputated soon after birth.

The chair announced the following appointments for the next meeting :

Lecturer—Dr. T. H. Phillips ; alternate, Dr. J. F. Marchand ; essayist, Dr. J. E. Barrett ; alternate, Dr. Wm. McKean.

Reports of cases—Drs. Conn, Morrow, Starr, W. W. Leonard, Lyman and Fouser.

Topic for discussion continued from this meeting, to be opened by Dr. T. Clarke Miller and Dr. H. M. Fisher.

Adjourned to meet in Canton on the second Tuesday in November.

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## AMONG OUR EXCHANGES.

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An interesting contribution is one by DR. JAMES TYSON of Philadelphia, Pennsylvania, on the management of obstinate dropsies, with a report of three cases.<sup>1</sup> His plan is, in brief, to limit the diet to skim milk, giving from two to four fluid ounces every two hours, and interdicting the ingestion of other solids or liquids. The amount ingested must be governed by the outflow of urine and must never exceed the latter, in which case the natural loss of fluid by the lungs and skin reduces the accumulation in the tissues and permits the kidneys to recover their power to secrete and to respond to diuretics. In two of the cases cited he used spartein in doses of a quarter to half a grain three times a day as the diuretic. In the third case, spartein seemed to produce no effect, and caffeine was substituted in doses of three grains three times a day. The latter acted, not as a diuretic, but as a cathartic, the bowels acting from seven to thirteen times per day. This cathartic action of caffeine, which increases its effect in removing accumulations of fluid, though scarcely alluded to by therapeutists, has been frequently noticed by DR. TYSON. The recommendation of *milk sugar*, as more

<sup>1</sup>Med. News, June 21, 1890.

proper to be used in the artificial feeding of infants than cane sugar, does not find so much favor with DR. E. F. BRUSH of Mt. Vernon, New York.<sup>2</sup> He finds that the powdered milk sugar of the average drug store sells for considerable less per pound than the market price of the crystals from which the powder purports to be made, and, moreover, that none of the samples of milk sugar that he purchased from drug stores conformed to the tests laid down in the U. S. P. He finds also, by analysis of fæces and urine, that the milk sugar of commerce is not assimilated as is cane sugar, but appears as sugar in both fæces and urine. A claim is put in for iodoform and iodol as remedies of value in the treatment of *diabetes mellitus*.<sup>3</sup> DR. JOSÉ OLIVERA of the City of Mexico has used iodoform in connection with strychnia and the standard diabetic diet in two cases, with the result of the complete disappearance of the sugar in the first case, and its reduction from 29 parts to 3 parts per 1000, in the second. In the second case, iodol was, after a time, substituted for iodoform. In the first case, the diabetic diet and the strychnia gave but little improvement until the iodoform was added, when the improvement became rapid. In the second case, iodoform was used from the first. These results are encouraging enough to warrant a thorough trial of the remedy by the profession at large. DR. W. PYRE PORCHER of Charleston, South Carolina, maintains<sup>4</sup> that in sub-acute cough the source of the expectoration is oftener the naso-pharyngeal space than the trachea and bronchi, and that better results are obtained by applications to the naso-pharynx than by the ordinary cough mixtures—in fact, that in such cases the latter are almost without avail.

For alleviating the pain in the joints in acute rheumatism, DR. JOHN C. BERRY, Kioto, Japan,<sup>5</sup> employs a mixture of seven parts of compound belladonna liniment and one or two of chloroform, applied to the affected joint

<sup>2</sup>Jour. Am. Med. Association, July 5.

<sup>3</sup>Med. News, July 5, 1890.

<sup>4</sup>Med. Rec., June 14, 1890.

<sup>5</sup>Med. Rec., June 14, 1890.

<sup>6</sup>Am. Gynaecol. et Paediat. June '90.

on spongio piline wrung out of hot water. He claims that the pain is usually relieved in about fifteen minutes. Compound belladonna liniment is a mixture of seven parts of the officinal belladonna liniment, with one part of chloroformum belladonnac—chloroform percolated through belladonna root in powder. It would seem that a mixture of the simple belladonna liniment and chloroform would prove equally effective. For the destruction of *pediculus capitis*, DR. J. ABBOTT CANTRELL<sup>6</sup> of the Philadelphia Hospital prefers above all other parasitocides, the fluid extract of larkspur seed in the following mixture:

|                         |   |   |   |          |
|-------------------------|---|---|---|----------|
| R Ex: Staphisagriæ fld. | . | . | . | f ʒii.   |
| Acid Acet. dilut.       | - | . | . | f ʒvi—m. |

This should be applied from once to thrice daily, being well rubbed into every portion of the scalp. One or two days' treatment usually suffices for a cure. Among the almost countless remedies for obstinate *vomiting of pregnancy*, galvanism should not be forgotten. An interesting case illustrating its beneficial effect is reported by DR. LOUISE SEDGWICK, Chicago, Illinois. It was used as a last resort. The negative pole, a large, flat sponge electrode, was placed over the stomach. The positive pole, a small sponge, was rubbed up and down the spine. The current, 7 to 8 milliamperes, all the patient could bear, was applied for ten minutes. The patient retained food after the first application. It would seem that in such cases, so simple a remedy as the galvanic current and one so easily applied, should be used early in the treatment rather than as a last resort.

In the treatment of *dysmenorrhœa*, DR. R. H. ANDREWS of Philadelphia,<sup>7</sup> finds the best results from these remedies, viz.: chloroform, cannabis indica and gelsemium. In ordinary cases he uses the former—ten drops on a lump of sugar or in a little camphor water, repeating in from two to three hours, if needed, though a single dose is often sufficient. In patients of neuralgic habit and where

<sup>6</sup>Ann. Gynæcol. et Pædiat. June, 1890    <sup>7</sup>Medical Summary, June 1890.

vitality is much depressed, he uses cannabis indica—five drops of an assayed fluid extract to from four to six ounces of water, adding ten drops of the fluid extract of gelsemium if there be increased activity of the circulation. The dose of this mixture is a teaspoonful every ten minutes during the first hour, and every hour thereafter until relieved. As a rule the pain ceases after the first hour. Equally prompt relief in such cases is claimed by DR. WM. H. WALLING of Philadelphia<sup>8</sup> to follow the exhibition of pearls of valerianic ether (Vial) one every fifteen minutes. The glycerite of calf-pepsin is recommended by DR. FRANK WOODBURY<sup>9</sup> of Philadelphia as a proper addition to our pharmacopœia. He urges that, as the calf stomach is designed to digest cow's milk, and as cow's milk forms the basis of most artificial foods for children, we would naturally expect better results from calf-pepsin than from hog-pepsin. For five years he has used it in practice and finds better results from it than from the ordinary pepsin porci.

## NEW BOOKS.

'REVUE INTERNATIONALE DE BIBLIOGRAPHIE MEDICALE, PHARMACEUTIQUE ET VETERINAIRE.' Dirigé par le Docteur Jules Rouvier, Professeur de Clinique Obstétricale et Gynécologique à la Faculté Française de Médecine de Beyrouth, etc., etc. Paris. Librairie Médicale Vue Jacques Lechevalier, 23 Rue Racine.

Last April the first number of this work appeared and the June number is now before us. It goes over the entire field of periodical medical literature with much tact and accuracy and occupies much the same field as our American publication, the *Index Medicus*. With this one feature, which is much in its favor—costing only about ten francs (\$2.00). Every physician who is unable to purchase the *Index Medicus* should have this work.

'THE NEUROSIS OF THE GENITO-URINARY SYSTEM IN THE MALE, WITH STERILITY AND IMPOTENCE.' By Dr. R. Ultzmann, Professor of Genito-urinary Diseases in the University of Vienna. F. A. Davis, Philadelphia. 1889.

This translation, published with the author's permission,

<sup>8</sup>Times and Register, May 31, '90.

<sup>9</sup>Medical Bulletin, June, 1890.

is of the two monographs 'Ueber die Neuropathien (Neurosen) des Mannlichen Harn-und Geschlechtsapparates' and 'Ueber Potentia Generandi und Potentia Coeundi.' It is hoped that a wider circulation than has heretofore been accorded in this country to the sound pathological teachings and successful methods of treatment of so eminent an authority as Professor Ultzmann will throw light on the management of this very difficult and refractory class of cases. These monographs will be of particular interest to those physicians who have followed Dr. Ultzmann's lectures in Vienna, as he was one of the most popular professors among the American students.

'**ESSENTIALS OF GYNECOLOGY.**' Arranged in the form of questions and answers. Prepared especially for students of medicine by Edwin B. Cragin, M.D., Attending Gynecologist to the Roosevelt Hospital, Out-patient Department, etc., with 58 illustrations. Philadelphia. W. B. Saunders, 913 Walnut street, 1890.

The immense extension of medical knowledge in every branch makes the use of compends the more necessary for the student reviewing preparatory to examination. It also makes more difficult the task of the condenser. Especially is this true in the recently extended and still growing domain of gynecology. We are glad to see that Dr. Cragin has well performed his duty. The "essentials" are all here and not superficially presented, but with proper thoroughness and system. Upon important points where authorities still differ, the different views are presented. No. 10 of Saunder's Compends will prove an excellent help to the student.

'**ESSENTIALS OF DISEASES OF THE SKIN, INCLUDING THE SYPHILODERMATA.**' Arranged in the form of questions and answers. Prepared especially for the students of medicine by Henry W. Stelwagon, M.D., Ph.D., Attending Physician to the Philadelphia Dispensary for Skin Diseases, etc., etc., with 74 illustrations. Philadelphia. W. B. Saunders, 913 Walnut street. 1890. Price, cloth, \$1.00.

This is No. 11 of Saunder's series of Compends. As is stated in the preface, the volume is "the outcome of a thorough revision, remodeling and simplification of the various articles contributed by the author to 'Pepper's System of Medicine,' 'Bach's Reference Handbook of

Medical Sciences' and 'Keating's Cyclopædia of the Diseases of Children.' The classification given is that adopted by the American Dermatological Association, and the subject is presented very tersely, briefly and clearly. Only such treatment is advised as is the most universally approved by dermatologists, and no digressions upon pet topics is indulged in. The work must have necessitated a great deal of labor in consulting authorities to condense so complete a survey into a manual of 270 pages.

'PHYSICIANS, DENTISTS AND DRUGGISTS OF OHIO.' Gaylor, Gouser & Co., publishers, Cincinnati, St. Louis and Chicago. Price, \$2.00.

We were very much pleased when it was announced, a year or two since, that we were to have a physician's directory of Ohio, and have been waiting anxiously for its appearance. We heard much of the time and labor involved in its production and were led to believe the directory would be very complete. We suppose that our chagrin upon receiving a thin, imperfect volume upon the payment of two dollars, was no less than that of hundreds of physicians throughout the state, who have been likewise disappointed. As an example of the incompleteness of the work, we would state that according to the Cleveland City Directory there are something over four hundred and sixty doctors in Cleveland. According to this alleged medical directory there are only three hundred and fifty-three. Of this number seventy-five are Homeopathic, ten Eclectic; but when such well known medical men as Dr. H. H. Powell, professor of Obstetrics and Diseases of Children in the Medical Department of Western Reserve University, is put down as a Homeopath, the value of these statistics must be taken with considerable allowance. We suspect that the names of only those gentlemen who were willing to take two dollars' worth of stock in the glowing pictures painted by the wily canvasser found their way into the book.

But seriously, we hope the work outside of our city is

more accurate; but a hasty comparison with our mailing list reveals many mistakes and omissions throughout the state.

The arrangement of names is poor, there being no alphabetical list of physicians, so that it is of no value in finding the address of any physician in the state, unless you happen to know the town in which he is located.

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## NOTES AND COMMENTS.

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*The American Rhinological Association* will hold its eighth annual session at Louisville, Kentucky, October 6, 7 and 8.

All leading subjects relating to nasal and naso-pharyngeal diseases will be opened for discussion by a leading fellow of the association. The medical profession is cordially invited to attend.

The secretary, Dr. R. S. Knode, Omaha, Nebraska, will furnish any information to physicians desiring to become members.

*A Funny Health Officer.*—The Michigan State Board of Health recently took Health Officer Davis of Close village, to task for failing to send in his weekly reports. His reply is unique. He says: "There has not been enough sickness here in the last two or three years to do much good. The physicians find time to go to Milwaukee on excursions, serve as jurors in Justice courts, sit around on dry-goods boxes and beg tobacco, chew gum and swap lies. A few sporadic cases of measles have existed, but they were treated mostly by old women, and no deaths occurred. There was an undertaker in the village, but he is now in the State prison. It is hoped and expected when green truck gets around—melons plenty and cucumbers in abundance—that something may revive business. If it does, I will let you know.—*Medical Record.*

*Mr. Edwin Cowles, Editor of the Cleveland Leader*, who died March 4, had a peculiar form of deafness. He never heard the sound of a bird's note, and until he grew to manhood he always thought the music of the bird was a "poetical fiction. "You may fill the room with canary birds," he once said, "and they may all sing at once, and

I would never hear a note, but I would hear the fluttering of their wings. I never heard the hissing sound in the human voice ; consequently, not knowing of the existence of that sound, I grew up to manhood without ever making it in my speech. A portion of the consonants I never hear, yet I can hear all the vowels. About a quarter of the sounds in the human voice I never hear, and I have to watch the motion of the lips and be governed by the sense of the remarks in order to understand what is said to me. I have walked by the side of a policeman going home at night and seen him blow his whistle, and I never would hear it, although it could be heard by others half a mile away. I never heard the upper notes of the piano, violin or other musical instruments, although I would hear all the lower notes."

*The Health Department of New York*, on June 30, appointed the fifty physicians of the "Summer Corps," and on Wednesday, July 2, they began their work among the poor of the tenements. Of the value of this work, which will continue during July and August, the following figures from last year will convey some idea: There were 264,000 families visited, 16,148 sick people prescribed for, 12,000 tickets for free excursions distributed, and 50,000 circulars, containing simple instructions for the care of children, given away during the hot months. This work was chiefly among those unable through poverty to secure medical treatment and medicine, which the Board of Health furnished free.

*The Mississippi Valley Medical Association* in its coming meeting promises to eclipse even its former record. The program is filling up rapidly with the best men of the valley. Aside from this, Dr. John A. Wyeth, the eminent New York surgeon, will deliver an address, and Dr. Frank Woodbury of Philadelphia, beloved and esteemed by all, will read a paper. The following are a few of the prominent gentlemen who have consented to read: Reamy, Cincinnati; Love, St. Louis; Ray, Louisville; Lydston, Chicago; Baker, Cleveland; Sutton, Pittsburgh; King, Kansas City. The local arrangements at Louisville are on a scale which is superb. They know how to do things down there, and they are going to improve their reputation. Banquets, balls, receptions and excursions are planned. That elegant hall, the Liederkrantz building, has been secured. All meetings, exhibits and every thing

will be under one roof. To add to the interest of the occasion, the American Phonological association will meet at the same place the same week, viz., October 6, 7, 8, 1890. The Mississippi Valley Medical association has a part of its law that nothing can be discussed during the sessions of the society save and except science as brought out by the papers read. Everything else, such as ethics, quarrels, medical politics, receives attention at the hands of committees, and their decisions are not open to discussion, but are final, thus saving an immense amount of valuable time. The time of the society is not wasted by blatherskite ethical squabblers, who are so thin-skinned as to get up in arms at real or fancied, though just, criticisms. The Mississippi Valley Medical association is the out-growth of the old Tri-State Medical society which comprised the states of Kentucky, Indiana and Illinois. In 1883, at Indianapolis, the name was changed to the present one, with the view that the society should draw from the whole Mississippi valley. The meetings are characterized by great harmony, intellectual and scientific activity, with absence of strife. The officers of the association are: President, Dr. Joseph H. Mathews, Louisville, Kentucky; vice-president, Dr. C. R. Early, Ridgeway, Pennsylvania; secretary, Dr. E. S. McKee, Cincinnati; treasurer, Dr. C. F. McGahan, Chattanooga, Tennessee; chairman Committee of Arrangements, Dr. I. N. Bloom, Louisville, Kentucky. Don't forget the date, October 8, 9, 10, 1890. Be sure to bring the ladies.

*Ye Foreign Doctor.*—The idea very generally prevails in this country that the holder of a foreign medical diploma is, because of such possession, properly qualified to practice medicine. There are, indeed, a very considerable number of Anglomaniacs, Teutomaniacs and Franco-maniacs of American origin, who affect to regard the American diploma as a something to be apologized for. They are generally of the younger fry, although occasionally one is encountered who, while advanced in years, has not put aside this childish view. As a rule those who have lived long enough to have rubbed up against your foreign doctor to any considerable extent, have had the glamour of the transatlantic effectively dissipated. He knows no more by virtue of his foreign education, and is far less apt at applying what he does know than the

home product of any medical school of reputable standing. It is high time that the gross injustice of discriminating against the American graduate in favor of the foreign product should be corrected, and more particularly is this so in view of the stand taken by foreign medical colleges in regard to holders of American diplomas. While the foreign product is received in this country without question, as a very desirable acquisition to the ranks of the profession, the American graduate who goes abroad is not accorded medical standing. The University of Berlin has refused to recognize any diploma of an American medical college, and it has been announced that the American physician who desires to practice in Germany must first take a regular course in a German college. The French Minister of Public Instruction, too, has officially declared that hereafter foreign doctors shall submit their diplomas to the judgment of the French faculties. The refusal of the English, and even the Canadians, forsooth! to receive the American graduate has long been established. This discrimination is an insult to American intelligence, and is all the more an insult because it is unfair. The qualifications of American physicians will not suffer from comparison with those of the foreign doctor. The standard of requirement here and the training in all the essentials of the general practitioner in this country are unexcelled—a fact which a comparison of the graduates of American schools with those of foreign institutions will abundantly substantiate.

The late Nashville convention of the American Medical Colleges let slip its opportunity to call the attention of the profession, in a very forcible manner, to the injustice referred to. Called together to discuss matters connected with the cause of medical education, the occasion would have been most opportune. While we believe in absolute "free trade," in all matters scientific, we become "protectionists" as against the product of countries which discriminate against us. This country is notoriously the dumping ground for much that is undesirable in the foreign element, and it is not a mere assumption that much incompetency in the matter of the products of medical schools is foisted on us under the foreign brand.—*Detroit Emergency Hospital Reports*, June, 1890.

—THE—  
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**ORIGINAL ARTICLES.**

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**A YEAR'S WORK IN PELVIC SURGERY.**

BY MARCUS ROSENWASSER, M. D.

Professor of Medical and Surgical Diseases of Women in the University  
of Wooster.

The twelve cases herein reported cover the period from April 25, 1889, to April 11, 1890. They constitute a consecutive series, not nearly as numerous as that of others, but proportionately more replete with experience, hence sufficiently instructive to be deemed worthy of record.

Professor Gill Wylie has met with but five or six intra-ligamentous tumors in five hundred laparotomies; of these at least one, his first, died. Professor Paul Mundé has had eighteen such cases (including among these five of extra-peritoneal hematocele) in one hundred and fifty abdominal sections; of these, at least four were fatal. It has been my good fortune to meet with six intra-ligamentary operations, comprising one-half the number reported, with no deaths.

## LAPAROTOMIES, 1889-'90.

| Number. | Patient of | Date. | Age. | Married<br>or<br>Single. | Children. | Pathological Condi-<br>tion Requiring<br>Operation. | Single or<br>Double. | Adhesions. | Drainage. | Hospital<br>or Private. | R (recovery)<br>D (death) | Remarks. | Reported<br>Elsewhere. |
|---------|------------|-------|------|--------------------------|-----------|---|----------------------|------------|-----------|-------------------------|---------------------------|----------|------------------------|
|---------|------------|-------|------|--------------------------|-----------|---|----------------------|------------|-----------|-------------------------|---------------------------|----------|------------------------|

## A.—SALPINGO—OÖPHORECTOMIES.

|   |                                     |                     |    |   |      |                                      |   |                    |     |   |   |  |                                       |
|---|-------------------------------------|---------------------|----|---|------|--------------------------------------|---|--------------------|-----|---|---|--|---------------------------------------|
| 1 | Dr. Wm. Miller,<br>Fairview, W. Va. | 1889<br>April<br>25 | 39 | M | .... | Hydro-salpinx<br>Multiple Fibroids   | S | Dense              | Yes | H | R | Uterus and left append-<br>ages so densely adherent<br>they were left undisturbed. | Cleveland<br>Med. Gazette<br>Mch '90. |
| 2 | Private                             | 1889<br>Oct. 20     | 34 | M | .... | Pyo-Salpinx<br>Abscess of Ovary      | D | Dense              | Yes | H | R | Mural Abscess compli-<br>cated Convalescence.                                      |                                       |
| 3 | Private                             | 1890<br>Jan. 29     | 29 | M | .... | Double Hydro-Sal-<br>pinx Oophoritis | D | One side           | Yes | P | R |  |                                       |
| 4 | Clinical                            | 1890<br>Apr. 1      | 26 | M | 2    | Salpingo-Oophoritis                  | D | Quite<br>Extensive | Yes | H | R |  |                                       |

## B.—EXPLORATORY INCISION.

|   |         |                    |    |   |      |                               |      |      |    |   |   |  |               |
|---|---------|--------------------|----|---|------|-------------------------------|------|------|----|---|---|--|---------------|
| 5 | Private | 1889<br>Nov.<br>24 | 52 | M | .... | Multiple Fibroid<br>of Uterus | .... | None | No | H | R | Case had been pronoun-<br>ced incurable. Tumors<br>could be felt in pelvis,<br>Operat. to clear diagnosis. | 4 recoveries. |
|---|---------|--------------------|----|---|------|-------------------------------|------|------|----|---|---|--|---------------|

## C.—HYSTERECTOMY.

|   |         |                     |    |   |      |  |      |        |     |   |   |   |             |
|---|---------|---------------------|----|---|------|--|------|--------|-----|---|---|---|-------------|
| 6 | Private | 1890<br>March<br>12 | 52 | M | .... | Multiple Fibroid of<br>Uterus.<br>(Same as above.) | .... | Slight | Yes | H | D | Cause of death, Heart<br>Failure; heart pale, fatty;<br>Ante-mortem Clot. | 1 recovery. |
|---|---------|---------------------|----|---|------|--|------|--------|-----|---|---|---|-------------|

## D.—INTRA-LIGAMENTOUS OPERATIONS.

1 death

|    |                                  |                     |    |   |             |  |      |  |     |   |   |  |
|----|----------------------------------|---------------------|----|---|-------------|--|------|--|-----|---|---|--|
| 7  | Dr. Wm. Meyer,<br>Cleveland, O.  | 1889<br>Dec. 12     | 28 | M | 3           | Papillomatous Cyst<br>of broad Ligament.             | .... | Universal  | Yes | H | R | No return after 9 months.<br>Dis'ge of shreds of perit.<br>No. of tapping, 3.  |
| 8  | Dr. A. Peskind,<br>Cleveland, O. | 1890<br>Jan. 5      | 21 | M | 1           | Suppurating Parova-<br>rian Cyst. Cystic<br>Ovary    | S    | Slight   | Yes | H | R | Primary union. No. of<br>tappings, 1.  |
| 9  | Clinical                         | 1889<br>May<br>14   | 36 | M | 3<br>Abort. | Hematocoele of left<br>broad Ligament                | .... | Loop of in-<br>testine to<br>roof of Sac                         | Yes | H | R | Intestinal adhesions not<br>separated from Sac-wall.<br>Vaginal vault pushed up<br>to relieve tension on Sac<br>sutures. |
| 10 | Private                          | 1890<br>March<br>27 | 27 | M | 2           | Suppurating<br>Hematocoele of left<br>broad Ligament | .... | Anterior<br>layer of brd<br>ligt. to par-<br>ietal<br>periton'um | Yes | H | R | Abdominal Cavity not<br>exposed.   |
| 11 | Dr. W. C. Bunce,<br>Oberlin, O.  | 1890<br>April<br>11 | 27 | M | 1           | Hematocoele of right<br>broad Ligament.              | .... | Slight   | Yes | H | R | Vaginal vault pushed up<br>to relieve tension on Sac<br>sutures; packed with<br>iodoform gauze.                          |
| 12 | Private                          | 1890<br>March<br>23 | 27 | M | 1           | Puerperal Abscess<br>of l. broad Ligament            | .... | Anterior<br>layer of<br>ligt. to<br>periton'um                   | Yes | H | R | Indurat'n below Poupert's<br>ligament sub'stntly broke<br>down. Dis. thro' long fis-<br>tulous track, not yet closed.    |

TOTAL—11 recoveries, 1 death.

Cleveland  
Medical  
Gazette,  
July, 1890.

Contrary to the generally adopted method, the cases of *extra-peritoneal hematocoele* (*pelvic hematoma*) were all opened by abdominal section in preference to vaginal incision. My first was thus opened through an error in diagnosis; the other two were deliberately so operated, a correct diagnosis having been previously made. While I am willing to admit that Case X. could have been successfully opened *per vaginam*, I feel confident that the contents of Cases II. and XII. could not have been completely evacuated from below; there would consequently have been long continued suppuration, more or less septic infection, without assurance of final recovery. Further experience serves but to corroborate what I have elsewhere\* supported with statistical proof, that properly performed, laparotomy is the preferable operation in extra-peritoneal hematocoele when interference is at all indicated.

According to usage, Cases IX. and X. were not laparotomies, as the abdominal cavity, better, perhaps, intestinal cavity, was not opened. I submit under protest. Where broad ligament and parietal peritoneum are approximated by adhesions, the incision must penetrate both layers to reach the disease, be it hæmatoma or cyst. The operation is, in fact, *retro-peritoneal*. The abdominal cavity is therefore *transfixed* at the safest point when the knife enters the intra-ligamentary space. At the present time, opening the abdominal cavity is considered a comparatively safe procedure. Why, then, this sophistical distinction? Cases of encysted pus in the pelvis offer the only justification for this remnant of by-gone ages, when the peritoneal cavity was a *nolle me tangere* in surgery. The removal of an intra-ligamentary papillomatous cyst is acknowledged to be one of the most difficult and dangerous of pelvic operations, compared with which, the removal of a single cystoma or an oöphorectomy, are but child's play; yet the former, if perchance adherent, is thrown out, and the latter is classified with the best abdominal work. Case V. would by this same rule have been subject to ex-

\*Annals of Gynæcology for Sept., 1889.

clusion, had I not accidentally pushed my fingers through a weak spot in the roof of the tumor and thus touched the intestines. This did not, however, materially add to the danger or difficulty of the enucleation.

In considering the advisability of removal of the appendages in diseases other than pyo-salpinx, the most scrupulous conservatism was exercised. All other known and suggested means of relief were first exhausted, or had already been exhausted, when patients made their appeal for the last and only untried resort. It is too early as yet to speak of permanent results. In two cases there are already signs of lasting benefit; the other two still suffer, perhaps not as severely, but enough to throw a doubt over the ultimate outlook. In two of the cases, in which the ovaries were fairly gouged out of a mass of adhesions, menstruation continues with punctual regularity. Portions of ovarian tissue must needs be left *in situ* in such cases, which accounts for this phenomenon.

In the case of supra-vaginal hysterectomy, death resulted from heart failure. Looking backward by the light of experience, a different and possibly more favorable termination could have been attained, if the two larger, partly pedunculated and partly sessile tumors, had been tied off or enucleated, allowing the uterus to remain. This would have shortened the operation—a very important element in a flabby, weakened heart. It is not likely that the smaller tumors would ever have developed at the advanced age of the patient. At any rate, she would have had a better chance of recovery, and in that event, she might have enjoyed a few years of comfortable existence a desideratum she had vainly longed for this many a year.

My method of operation has been to use no chemicals on patient, instruments, or sponges, except sublimate for integument and operators' hands. Boiled hot water on and in all else. Chloroform or ether as anæsthetics. The incision is made short and extended when necessary. Catgut is used as ligature on blood-vessels, adhesions and

pedicle. Where possible, the pedicle is secured with cobbler's stitch. The toilette of the peritoneum is made by flushing with hot water until it returns clear. I never stop to mop out the pelvis, but allow what water will not flow out on external pressure, to remain. Drainage is used in all cases in which there have been extensive adhesions, or where capillary oozing cannot otherwise be checked, or where pus has escaped into the abdominal cavity during operation. Through-and-through sutures are introduced, about three to the inch, and the wound then painted with iodoform collodion. The after-treatment does not differ from that generally followed by abdominal surgeons.

Case I.—*Hydrosalpinx*—*Small sub-peritoneal fibroids of the uterus*—*Extensive adhesions.* April 25, 1889. Diseased tube and two of the fibroids removed. Recovery.\*

Case II.—*Large extra-peritoneal hematocele.* May 14, 1889. Contents evacuated and sac drained through abdominal incisions. Recovery.†

Case III.—*Double pyo-salpinx*—*Abscess of right ovary.* Removal of appendages. Recovery.

Mrs. D. F., age 34, married 13 years, never pregnant. Has been sick with "womb trouble" since marriage. Dysparunia, hysterical attacks, dyspepsia, constituted the main symptoms for years. Found a mass in right side of pelvis three years ago. Patient visited the baths abroad with some benefit. She was so far improved as to be able to resume her household cares and keep boarders. During past six months has been rapidly failing. Backache, headache, nausea, pain in both groins of severe colicky nature, diarrhoea with tenesmus. There is a tender mass to the right of uterus and vague resistance in the left. In spite of absolute rest and increasing doses of morphine, the pain has been growing worse from day to day. With consent of competent counsel, the operation was performed October 20, 1889.

\*Reported by Dr. A. F. Spurney in the *Cleveland Medical Gazette* for March, 1890.

†Reported in full in *Cleveland Medical Gazette* for July, 1889.

Incision originally 3 inches, extended to  $4\frac{1}{2}$  inches. Fat abdominal wall, uterus retroverted, adherent; appendages universally adherent. After liberating the mass on the right side, it burst, a thin, dark, purulent fluid escaping. While holding ready for clamp, the mass tore away from uterus close to cornu, but no hemorrhage. To facilitate relieving adherent uterus, left appendages were now liberated and made use of to draw uterus to left until all adhesions were separated. Omental adhesions were tied off in several places. The remnant of pedicle on the right was then clamped and secured with cobbler's stitch, then the left side was similarly secured. The abscess proved to be the right ovary. Both tubes contained pus.

A mural abscess protracted convalescence; nevertheless, patient left the hospital November 20, with wound entirely closed.

Case IV.—*Exploratory incision—Multiple fibroid.* Operation November 24, 1889. Recovery. For details, see Case VIII.

Case V.—*Papillomatous ovarian cystoma of the broad ligament.* Enucleation. Recovery.

Mrs. S., age 28; mother of three children; last, nine months ago. Two weeks after confinement first noticed that she was larger than at term. Had been tapped three times since, the last time six weeks ago. She is a spare, anæmic woman, much emaciated. Circumference at umbilicus, 39 inches. Distance from ensiform cartilage to umbilicus, 11 inches; from latter to symphysis, 7 inches. Fluctuation distinct over entire abdomen. A hard, nodular body to be felt extending from left hypochondrium to crest of ilium, forming part of cystic tumor. Vaginal touch negative, excepting a lacerated cervix. Diagnosis, ovarian tumor, probably malignant.

Operation December 12, 1889. The abdominal incision exposed what seemed to be the cyst wall, universally adherent to peritoneum, except at anterior, upper portion. Having tapped and emptied cyst of about forty pounds of thick, yellowish fluid, with masses of gelatinous and cheesy material, began separating adhesions and deliver-

ing cyst sac. Continuing this separation, in many places stripping away parietal peritoneum, and still unable to make out upper boundary of tumor, it dawned upon me that I was dealing with an intra-ligamentous cyst and that anterior layer of broad ligament and parietal peritoneum were fused into one by inflammatory adhesions. The broad ligament was therefore incised and the tumor enucleated, except in such places where papillary outgrowths had penetrated the cyst wall and proliferated freely on the peritoneum; these places were scraped away with the finger nails. The cyst extended into the left hypochondrium in front of the kidney down to the brim of the pelvis. The enucleation was rendered especially difficult in the upper part of the tumor, where the contents of the cyst had broken through the wall and were so interlaced with the parietal peritoneum that one could not tell when he was within or without the broad ligament. At one place, in cautiously separating adhesions, the finger penetrated the roof formed by the broad ligament and exposed adjacent coils of adherent intestine, which were however avoided and left undisturbed. The patient had borne the ether poorly and began to collapse. Fortunately, there had been very little loss of blood. The toilette of the peritoneum was now hurriedly made; the cyst sac was simply flushed, otherwise not dressed; a rubber drainage tube was inserted; the hanging shreds of stripped peritoneum were included in the sutures. She rallied from the profound shock on the second day, and, excepting some suppuration and discharge of shreds of sloughing peritoneum, made an uneventful recovery, leaving the hospital one month after operation.

Besides several smaller pieces, two of the sloughs of peritoneum were each three inches long by three-fourths inches wide. Microscopical examination kindly made by Dr. H. S. Upson proves the cyst adenomatous in character. I had fear of a recurrence of the disease, but the patient has gained twenty-five pounds in weight and is at

present (Sept. 1, '90), enjoying better health than for years past.

Case VI.—*Suppurating par-ovarian cyst with cystic ovary of same side.* Removal. Recovery.

Mrs. K., age 21 ; married; one child. When four months pregnant, her physician found a tumor occupying right side of pelvis, crowding the pregnant uterus to the left. At a later period had spells of localized peritonitis. At eight months, the abdomen was so distended that tapping was resorted to, evacuating a gallon of turbid, yellow fluid. Two days later, premature labor set in, the child living but a few hours. The peritonitis subsided after childbirth, but the tumor again rapidly filled, occupying the right side from pelvis to hypochondrium. Diagnosis, probably an intra-ligamentary cyst

Operation January 5, 1890, six weeks after labor. Exploration of the tumor developed a large mono-cyst of the right broad ligament, containing a thick, yellow, puriform fluid. After ligating two large blood-vessels that supplied the tumor, the enucleation was completed without difficulty and but slight hemorrhage. The right ovary cystic, about size of lemon, was also removed. Left ovary normal, not disturbed. Cavity of broad ligament was flushed together with abdominal cavity, but not otherwise dressed. Drainage of abdominal cavity; tube removed after two days. Highest temperature during convalescence 99.6°. Union *per primam*.

Case VII.—*Double hydrosalpinx ; chronic oophoritis.* Removal of appendages. Recovery.

Mrs. L. K., age 29; married three years; never pregnant. Tall, well-developed, apparently quite healthy. First menses at 18, and subsequently at intervals of six to twelve months. "Inflammation of womb and bowels" eight years ago. During past five years at about menstrual period, hysteroneurosis, uterine and tubal colic. Perfectly well in the inter-menstrual period. The pains are intense; at first in the hypogastrium and left inguinal region where particularly severe; later on, mostly in the

right groin. Pain labor-like in character, but more acute. Vaginal examination reveals enlargement of both ovaries, endometritis. Drugs, curetting, tampons, sanitarium, galvanism—all to no purpose. During attacks, two to six grains of morphine, hypodermically (1 gr. every half hour), are required to give relief. Pains finally recur every few days, and removal of appendages is decided on.

Operation January 19, 1890. Incision  $3\frac{1}{2}$  inches. Right ovary and tube adherent by loose band; ovary double usual size, cystic; tube containing fluid, abdominal end occluded. Left ovary and tube densely adherent to side of pelvis; in fairly gouging out, adherent portion of enlarged ovary is broken through and slight part left behind, as is also adherent end of occluded fimbriated extremity; tube enlarged, filled with serous (?) fluid. Hemorrhage slight. Drainage.

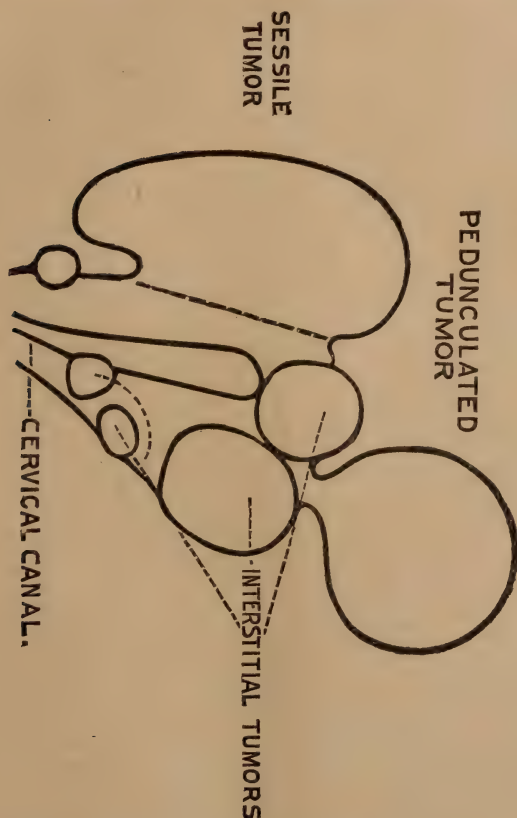
Convalescence uneventful, except slight mural abscess two weeks after operation.

Remained well for three months, menstruating regularly. Pains in the hypogastrium (uterine colic) then returned. Endometrium was found diseased. A few intra-uterine applications of iodo-phenol relieved this condition, and also ended the attacks of pain.

Case VIII.—*Multiple fibroid of uterus.* Supra-vaginal hysterectomy. Death.

Mrs. E. J., age 52; married 32 years; never pregnant; meno-pause eight years ago. Invalid since her marriage. Was treated for years for endometritis and retro-displacement; also hæmorrhoids of long standing. Always pain and tenesmus after loose movements. Has been much worse the past six weeks, violent pain after defecation; cramps in legs; poor digestion, all nourishment producing diarrhœa. Examination shows fissura in ano, retro-displaced uterus, sub-peritoneal pedunculated fibroid, and what seemed to be a cystic right ovary and salpingitis on the left. The sphincter ani was first thoroughly stretched. Patient rapidly improved and in two months gained seventeen pounds. Six months later she began to suffer

much pain in her left side; the stomach again rebelled; standing on her feet any length of time caused pain and a sinking feeling; defecation painful. Afraid she might again become reduced, advised and performed *Exploratory Incision* (Case IV.), which revealed multiple fibroid of uterus; one with good pedicle, another with a very short



broad pedicle attached to the right side of and several of various sizes within the substance of the fundus. Not deeming it advisable under circumstances of age, strength and mortality to do an immediate hysterectomy, this operation was reserved as a future contingency should the patient not improve and demand it at any risk. Recovery without incident.

For three months the patient was herself again, then the old troubles relapsed. She could not walk or stand long, had reflex stomach symptoms and diarrhœa. With full understanding of the risks, she consented to second laparotomy with view of removing entire uterus. Operation March 12, 1890. Incision through old cicatrix, afterwards extended to umbilicus. Recent adhesions between peritoneum, omentum, uterus and tumors. Relieving these, lifted up uterus and tumors and found fundus studded full of larger and smaller nodules. Upon consultation with colleagues present, supra-cervical amputation was decided on. After locating bladder, applied rubber ligature as low down as possible and cut through peritoneal envelope of uterus one and a half inches above ligature to allow for shrinkage, leaving ovaries and tubes *in situ*. In attempting to draw taut, ligature broke, substitute *serre noeud*. By putting stump on stretch, secured it in lower angle of abdominal incision; glass drainage tube above. Persistent oozing from stump was finally stopped by ligature *en masse* and stump seared with Paquelin cautery. Patient placed in bed at noon, with pulse of 80.

Six p. m., pulse 102, temperature 99.8°; tube and stump dry.

March 13, 8 a. m., pulse 132, temperature 99°.

March 13, 9 p. m., pulse almost imperceptible. Tube and stump dry.

March 14, died at 1 a. m., 36 hours after operation. Remained conscious to end.

Autopsy at 11 a. m.

Some adhesion throughout incision; stump sweet and dry; no fluid in pelvic cavity; abdominal organs healthy; broad ligament rather taut, but not discolored. *Ante-mortem clot* in right ventricle, walls of heart flabby and pale. Cause of death: *Heart failure*.

Case IX.—*Puerperal abscess of left broad ligament*. Incision over most prominent part of tumor. Recovery.

Mrs. H. B., age 27; one child, two months ago. One week after parturition, fever set in, and gradually a pain-

ful swelling developed in left inguinal region. Continued suffering with fever. Night sweats and nausea during two months. Examination shows uterus slightly dextroverted, and from its left border extending to Poupart's ligament and nearly as high as crest of ilium, a hard, rounded, non-fluctuating, immovable mass, over which skin and muscular layer of parietes were movable. No bulging in vagina or Douglas' pouch. Pulse 110; Temperature 102°.

Operation March 23, 1890. Incision four inches directly over tumor, parallel with and two inches above Poupart's ligament; penetrating oblique and rectus muscles, and entering cavity of abscess through the agglutinated peritoneum and broad ligament, without exposing abdominal cavity. Four ounces of yellow, inoffensive pus evacuated; cavity flushed and drained. Patient left the hospital in three weeks with wound healed, but some induration still unabsorbed beneath Poupart's ligament. This finally broke down, leaving a fistulous track penetrating five inches deep into center of mass in the pelvis. She is about, attending to her household duties; fistula not yet completely closed.

Case X.—*Suppurating extra-peritoneal hematocele.* Contents evacuated and cavity drained through abdominal incision. Recovery.

Mrs. Z., age 27; two children, last 18 months ago. Supposed pregnancy. Had not menstruated for six weeks, but had then been unwell three days, which period was just over (February 25, '90). Complained of much suffering on defecation during past three weeks, also of nausea. Patient is healthy in appearance, but quite blanched, as if from loss of blood. Upon vaginal examination, find cervix close behind and fundus uteri above symphysis; os patulous. Soft, globular tumor in Douglas' space, pressing against rectum. This tumor extends to the left, reaching as high as the crest of the ilium; this left portion is also smooth, round, but not fluctuating. Diagnosis, pelvic hematocele. Ordered absolute rest. This advice was fol-

lowed for one week, with entire relief from pressure symptoms and nausea. Feeling so well, she got up to make her bed and soon grew worse. Nausea, vomiting, pain; felt a fullness as though pelvic contents must be pressed out. There was marked growth of both retro-uterine and lateral tumors, the former being more firm. She would not consent to operation at this time and temporarily passed out of my hands.

Recalled March 26, she reports that on March 10, there was an offensive discharge of blood and pus from vagina much to her relief; this discharge continued until the twenty-first, when it ceased; she has since been very sick, failing rapidly. Find her extremely anæmic, pulse 114, weak; temperature 102°, vomiting. Abdominal tumor almost doubled in size, tense, rounded, well filling abdominal cavity, reaching as high as umbilicus. Cervix reached with difficulty, pressed against symphysis. Uterus cannot be outlined.

Operation March 27, 1890. The four-inch abdominal incision entered directly into the tumor, as the parietal and ligamentary peritoneum were adherent. There was a gush of dark, highly offensive, grumous fluid, amounting to about three pints. With two fingers in the sac, assisted by upward pressure from the vagina, emptied about a quart of blood-clots and few drachms of pus. The cavity was then flushed and glass drainage tube introduced. The after-treatment was uneventful. The septic condition improved within a few days. The patient got up three weeks after operation and left the hospital five days afterward, with track of drainage almost closed. Saw her but recently carrying a heavy basket from market.

Case XI.—*Salpingo-oöphoritis*. Removal of appendages. Recovery.

Mrs. S., aged 26; two children, last five months ago. Invalid since childbirth. Complains of severe backache, pain through pelvis, especially in right inguinal region, which prevents her from straightening up when walking; cannot sleep or eat, has lost twenty pounds in weight these

few months. On examination, find uterus retroverted, fundus exceedingly tender to the touch, to the right, small tender bodies thought to be appendages. Temperature 100°. Has had treatment with tampons and hot douche by former attendants. Being poor, unable to take care of herself and impatient of relief, she readily consented to removal of appendages.

Operation April 1, 1890. Incision two and one-half inches. Uterus retroverted, adherent; this being liberated, right adnexa were next relieved from adhesions and removed. The tube was enlarged, of a deep red color on both peritoneal and mucous surface, ovary enlarged, cystic. Left ovary also adherent, enlarged; tube apparently not diseased. It was not safe to leave the ovary, so both tube and ovary were removed. Drainage. Union by first intention. Discharged April 29. Seen three months later; she still suffers pain in pelvis.

Case XII.—*Extra-peritoneal hematocoele.* Evacuation of contents by abdominal section. Recovery.

Mrs. S., age 27; twins, eight years ago. Has been flowing irregularly past six weeks; subject to "spells" of pain during past five months. These spells consist of pain on right side of back and into right hip bone, through the groin, "bearing down" in character. They have recurred a number of times, last ten days ago; they last from one-half to three hours. Bowels are constipated; movement painful previous to and during defecation. This pain in the rectum "sets the whole pelvis aching." Past three weeks has been unable to do any work. Has been losing weight and has had fever flushes. Find uterus enlarged, elevated, inclined a little to the left; on its right margin is a distinct, hard, sensitive body (enlarged ovary (?); behind in Douglas' pouch is a mass, nodular in some parts and sensitive. Diagnosis, hematocoele. Advised absolute rest, to be followed by laparotomy in case of non-absorption or suppuration. Patient insisted on immediate operation at her own risk. Operation April 11, 1890. Abdominal incision revealed to the right and be-

hind uterus, the broad ligament filled with semi-fluctuating mass, forming a tumor extending two inches above symphysis. Aspiration unsuccessful. Incision of tumor followed by extrusion of clots from upper part of broad ligament (the part which to external palpation had seemed an enlarged ovary), which was so constricted that it appeared like a sessile tumor on the ligament; it communicated with lower tumor by a small opening admitting the index finger. By means of this finger and the hand of an assistant in the vagina, break up all clots in Douglas' space; then irrigate cavity of sac and abdominal cavity. Sac wall friable; stitch its edges to parietal wall where possible and attach to posterior surface of the fundus where it (the edge of sac) will bear no tension, thus shutting off sac from abdominal cavity. To further prevent tension on sutures and to keep fundus as near abdominal incision as practicable, pack vagina with iodoform gauze. Glass drainage of sac. Contents about one pint of tarry blood-clots. Convalescence without incident.

May 10, vaginal examination shows uterus in ante-version, adherent to line of incision. Patient left for her home (Oberlin, O.,) perfectly well, and was enjoying good health when last heard from, July 14.

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## OPENING ADDRESS AT THE MEDICAL DEPARTMENT OF THE WESTERN RESERVE UNIVERSITY, SEPTEMBER 17, 1890.

BY WILLIAM T. CORLETT, M. D., L. R. C. P., LOND.,

Professor of Diseases of the Skin in the Medical Department of the  
Western Reserve University.

GENTLEMEN :—It is my pleasant duty at the beginning of a new college year to extend on behalf of my colleagues and myself a most hearty welcome to you all. And, as I see before me to-day many who have attended during the one or two years preceding, the duty is doubly agreeable, for to you we are not only united in kindly regard by the

ties of association, but your earnest desire to acquire knowledge has awakened in us a keen interest in your behalf.

There are also many new faces. You have, doubtless, left home and familiar scenes to enter a new phase of student life. You have carefully considered the great question of life—what shall I do? You have likewise considered the question—what am I best able to do? Your presence here voices your final decision. This determination to master the science which you seek to adopt as a profession augurs well for your ultimate success—provided your decision has been prompted by a sound judgment, and that judgment based upon trustworthy information.

Nelson, the hero of Trafalgar, was jeered at by the crowd when he embarked, because he was small of stature and a cripple, possessing none of the embodiments of the soldier as they appear to the vulgar gaze. But he was confident of success in the perilous undertaking. And to-day in England's capital there stands a towering column surmounted by a colossal statue, which was erected by a grateful people to serve as a lasting monument to his wisdom in choosing a profession which even nature seemed disinclined to sanction.

I take it that every man is sent into the world endowed with certain possibilities. Happy is he who, by this early recognition of the same, is enabled to set out in the course for which nature has best fitted him. Nor is the race always to the swift. The world may be dazzled by the brilliant mind accomplishing with ease that which requires long and patient labor for another to attain, but in the histories of men whom the world sees fit to honor with remembrance, there are many striking examples of the triumph of persistent labor.

It is related of Dr. Johnson, the lexicographer, that returning from Oxford, where he had failed to obtain a degree, he entered his father's shop, and, by persistent effort and close application to study, amid the discouraging influences of poverty and an enfeebled constitution,

he became the rival of Pope and Dryden in verse, and Addison and Steele in prose.

You have assembled here bringing with you your aspirations and your hopes, your dreams of the future and your purposes of the present, concentrated in one fixed purpose, in one object to be attained. Some will gain the coveted diploma easily, while others will be compelled to gain it by prolonged labor—none, I trust, will fail to obtain it in the end. But your success in the profession of medicine does not necessarily follow the obtaining of a legal qualification to practice; neither does it insure that your name will ever be enrolled in the proud temple of fame. To attain these, you will find upon leaving these walls that your task is but begun. To any who think to reach the haven of their ambition by passing a satisfactory examination, I would ask, have you reasoned wisely in the choice you have made? And, as you sit behind the gilded lettering which announces you to the world, indolently biding your time until gray hairs may lure the afflicted to your consulting rooms, like an echo the painful thought will force itself upon you—have I reasoned wisely in the choice I have made?

To the ambitious for wealth, the field is barren; to the eager for popular applause, your best works will be derided, and many of your kindest acts held up to public censure.

But to you who, in the infrequency of professional duties, will find time to improve your ability to meet the requirements that await you, there is the fullest hope; to you whose sympathies draw you to the field of suffering, there is labor in abundance, and to you whose love of truth will lead you into unexplored regions of science, there is the brightest future.

It is essential at the outset of a professional career that certain principles be established. These principles are the great factors in your development—in the evolution of your personality. Many men, many minds, is a truism. And so you will find in pursuing the curriculum of this

college, that to some it will be easy, to others difficult, but there is no *pons asinorum* in medicine to him who will persevere and be diligent. Some minds will grasp a principle readily; some will apply it readily; some will find it both difficult to comprehend and difficult to apply, but none may find either impossible.

Nature, it is true, does bestow gifts upon a few of her children, but the genius of Hogarth—"labor and diligence"—will accomplish more than the gifts which the world calls genius.

Few, indeed, have innate genius, but all have will, and a determined will leads the way through the labyrinths of analysis and synthesis which constitute the phenomena of life. And when you have mastered the laws of life and death, you have learned the art of preserving the one and preventing the other, and for this our profession exists.

The first principle that you should establish is method. In the acquisition of learning this is of primary importance, for no matter how enthusiastic you may be in your studies, nor how assiduously you may pursue them, unless you have method in their pursuit you will waste your energies in indirectness.

First of all, you must begin at the genesis of the science; with chemistry, anatomy, physiology and materia medica, and thoroughly proceed. As it is impossible to run before one has learned to walk, so is it impossible for the mind to grasp conclusions intelligently without first becoming familiar with the sources from which they are evolved. The next stage will be in the laboratories; and here, it may be, the plane you are to occupy with your *confreres* in after life, will be determined. For analysis and synthesis, histological research, supplanted by a thorough training in bacteriology and biology, are the essentials to definite advancement in the science of medicine to-day. Brilliant theories you may evolve, valuable clinical data you may collect, but all must stand the crucial test of these before they will be incorporated in the body medical.

After a systematic training in these several branches,

you will be prepared to receive instruction in the actual practice of the art. For no physician recognizes his obligations to his profession or to his fellow-men, who is content to jump at a conclusion as to cause of effect. Hence it is important that at the very beginning you should realize most fully that the only way of securing as well as applying knowledge is by a well-regulated method; not one of thoughtless improvising, but one such as the experience of the faculty has found to be the best to obtain the best results.

Give, therefore, strict attention to the methods laid out by the several instructors; let your mind master fully the teachings of all, so that step by step you may mount to heights that seemed impossible of ascent.

Your ability to succeed in your profession will largely depend upon your education. And it is a matter of common observation that intelligence wins. It behooves you, therefore, to devote this educational period of your life to laying the foundation of that intelligence which will, if broad enough and high enough, elevate you above your fellows, where as an oft-repeated saying proclaims there is plenty of room.

In intelligence there are two elements: ability to think and knowledge possessed. And, as we all know, ability to think is not equal in men, but that inequality may be greatly lessened by a systematic exercise of the brain in methods of reasoning. For the function, or thinking ability, of the brain may be increased by exercise, just as the functional vigor of other organs is increased, and the arm of the smith strengthened by the stimulating effect of labor. The ability to think logically enhances your power of analysis, and the greater that power the greater ability you will have to form a correct diagnosis, which is essential to rational treatment. From which it will appear that the practice of taking *verbatim* notes of lectures is not to be encouraged, because it tends to the enfeeblement of those mental functions that we most desire to strengthen, and which are essential to the highest advance-

ment in your professional life. For the same reason the almost universal practice of jotting down the special formulæ in clinical instruction, without bearing in mind the fundamental principles involved in their selection, is detrimental alike to the physician and to his client.

The scientist is eminently a seeker after truth, and the scientific mind delights to dwell in the realm of fact. Falsehood is opposed to all true progress and its followers are the anarchists of thought. Truth is not a cloak that can be put on at will; it is an attribute of our personality which thrives only by cultivation. If one wishes to look truthful, one must think truthfully, for to the careful observer we are what we seem. Falshood is weak while truth is strong; falsehood lacks courage to appear as it is, while truth is fearless of consequences. Above all things be truthful; for truth will serve you better than bodily grace or pleasing mental acquirements. Without it you are unworthy to enter a profession wherein reliance in ability to aid is given by those who cannot help themselves—for the healthy know not of their health, but only the afflicted. The habit of falsehood, of all others, is the most difficult to avoid, and once enthralled within its meshes, escape seems well nigh impossible—so insidious does it steal upon the unwary, so seductive are its pleasantries, and withal so convenient. Who has not seen its victim? How helpless, how futile are his attempts to pose as an apostle of truth.

Shakespeare has tersely expressed the essence of truth in the parting admonition of Polonius to his son as he sets out into the world:

“ Above all,—to thine own self be true;  
And it must follow, as the night the day,  
Thou canst not then be false to any man.”

As the good ship freighted with life follows her chart day after day, though the elements contend against her, and finally reaches port bereft of all but the barest accessories of propulsion, she stands before the public gaze as a crowning wonder to the mechanical ingenuity of man.

So youth setting out on the voyage of life, after selecting his objective point, should ever pursue his main course, untrammelled by doubts or fears, with but one watchword—onward! But statistics bearing on this point reveal the fact that such, with the majority, is not the case. At the end of five years, from twenty to thirty per cent. are no longer sighted above the medical horizon; and at the end of ten years, but one in every seven graduates in medicine follow it as a profession. There is an appalling waste of time and energy in this misdirection. For with few exceptions medical training unfits its possessor for other fields of labor.

The question naturally arises to all thinking, to all human minds, how prevent this influx of misdirected and inappropriate material into the medical profession. Much may be done by each individual medical man; more by the combined action of teaching bodies in raising the requirements for matriculation. To an aspirant seeking information a most candid statement should be made: First, as to the supply; second, as to its hardships and its meagre rewards and to the life of patient labor, which is a *sine qua non* to the true disciple of our art; third, as to the fitness of the candidate, and his probable adaptation to these conditions.

Even the most casual observer must have remarked on the frequency with which doctors' signs are met with in every city and hamlet throughout the land. And statistics reveal the startling fact that in the United States there is one doctor to every six hundred inhabitants; while across the lake, Canada has but one to every twelve hundred inhabitants. The medical press of Great Britain has raised its voice against the over production of medical men in England. In an address Sir James Paget quotes statistics to show that only two-fifths of her qualified men can obtain a livelihood by their professional labors. Norway, which is the least plentifully supplied with physicians, has one to every three thousand four hundred and eighty of her inhabitants.

It may be said in explanation, that we have not been especially conservative of titles in this country, and that of "doctor" has been no exception. In the State of Ohio it applies to anyone who chooses to appropriate it. The cobbler, who stumbles across a "cancer cure" in a family receipt book, becomes suddenly fired with the idea that it is more to his taste, and withal more profitable to be a "doctor," and forthwith the change is wrought. With due appreciation of his exalted calling he writes—if he be able to write—an advertisement setting forth the wonderful cures he is able to effect. Note the result: Some are lured by hope, others impelled through fear. Every thing, from a simple pimple to the lesions of leprosy, are called "cancer" and "doctored"—for a fee. But this is not all; sooner or later his victims will come under your care, aggravated it may be and passed the benign stage of their disease, but in greater need of skillful consideration, in greater need of the trained eye and hand.

And to you who have set out with the determination to master the laws of life and death as they are known to-day; to you whose love of labor will incite you to contribute something to the advancement of science, there is still room. Think not on this account that the world is eagerly watching for your advent, but rather bear in mind that the slowest growths are usually the most lasting; and in the great school-room of the world, where you must complete your education, there will be no motherly concern for you.

Character, which is the true heraldry of man, and the fountain of supremacy, creates an aristocracy of its own, not of blood, nor of wealth, nor of fashion, but of true worth. Character, if moulded aright, leads to a high standard of living and thinking. Its possession makes the positive man, its want the negative, whom every difficulty confuses and every complexity frights.

In conclusion, let me impress upon you the necessity of looking upon your profession as an honorable one, the dignity of which can only be preserved by the personal

dignity and high character of its members. In no one is true manhood more requisite than in him who would enter the home of the afflicted to minister unto the helpless—unto those who give the confidence and faith of those in need. And it is at your age that influences mould the character which must stand the test of professional exactions. It is at this age your standards of personal worth are unconsciously selected, and whatever your aspiration, be mindful that “the purest treasure mortal times afford is spotless reputation.” Not a reputation for professional skill alone, but also a reputation as a man of high character, one of irreproachable integrity, of undoubted veracity, of unquestioned virtue and of unsullied honor.

The force of high character is potent the world over. Napoleon, who studied well the strength of men and nations, said “the moral is to the physical as ten to one.” Certain it is that the intellectual force of man is multiplied many times by the application of that motive power which is generated by high moral qualities. Without the latter your professional acquirements will avail you little, for to become eminent or successful your moral character should be as pure as your knowledge is sound. Too often the faults of men obscure their mental gifts, and although a physician may be admired for his abilities, he will be eschewed for his vices. For it is the man of high moral excellence, and he with manly attributes who creates in others faith, confidence and trust; and it is he who is invited into the sacred precincts of home to advise, to succor and to aid.

Soon enough will the paths of pain be yours, but until you have arrived at their beginning, see to it that all the paths you tread lead thereto, and seek not altogether for knowledge to guide, but also for the strength to walk with rectitude and with dignity to the end.

## WHAT ARE THE SYMPTOMS OF TYPHOID FEVER.

BY A. PESKIND, M. D., CLEVELAND, OHIO.

Although to "treat the symptoms" is the therapeutic dictum of to-day, to know what is the nature of the pathological process, is desirable and often a perplexing requirement. The symptoms, at times, are insignificant, the pathognomonic phenomena obscured; only when death imprints itself on the countenance of the afflicted, our former presumptions become corroborated or disproved. How frequently does this occur to torment the conscience of the philanthropic physician, to embitter the few undisturbed minutes of his leisure.

One of the many ailments of such nature is, as all practicing physicians know, typhoid fever. A week, even longer, is sometimes necessary to decide whether our patient has or has not the specific disease. The disturbances of the alimentary canal, the nervous perturbations, the circulatory derangements, the characteristic temperature, may be so modified that only by some sudden complication all doubts are removed.

The following cases are intended to illustrate this, and let our critical confrères tell us from what my patients suffered and succumbed, if not from typhoid fever.

Mrs. A. had been sick for many days, previously enjoying good health. She had one physician who visited her several times, but he thought at last she had a cold, or a little malaria, and it would pass away. A second physician failed to succeed in gaining the patient's confidence, and she *made up her mind* to get along without a doctor. She was, however, getting from bad to worse, so I was called in by her friends a few days after the second physician saw her. Mrs. A. was a very fat woman, aged 39 years, and complained of extreme debility and diarrhœa. Her face was very much flushed, eyes dim, tongue

very tremulous, dry and brownish (the breathing through the mouth, on account of obesity, aggravated, probably, this symptom). Pulse 122, temperature 99°F., diarrhœa, evacuations offensive and very numerous, abdominal tenderness on pressure, breathing short and gasping. For a few days she thought she felt much easier, but her pulse never beat less than 120 per minute. The temperature remained about 99°F. until about the nineteenth day of her sickness, when left parotitis was developed, with an ascension of the temperature to 100°, and this increasing for about three days, when it reached 102.2°F. The pulse became still more rapid, the prostration very great. A mental stupor intervened, and though able to answer questions to the last, cardiac failure reached its climax in the night of the fourth day after the parotitis had first been noticed.

Mrs. B——, a large, fat lady, about forty years of age; a mother of several children, the youngest five years old, had been ailing only for a few days—had headache, anorexia, constipation; had chills, *seldom felt warm*, very little thirst, no cough, no pain anywhere; had general dry eczema since her childhood; no fever while I was there, pulse 80, face of a dusky hue, conjunctiva yellowish. A saline aperient was advised.

The next day the patient said she had a chill again, bowels moved once, temperature 100°F., pulse full, strong, about 80. For a few days following there was no fever, though no medicine had been given in antipyretic doses. General weakness was complained of, constipation only relieved by injection. At the end of the second week the temperature went up to 103° F., after which an affebrile state followed for a few days, debility increasing. About the end of the third week of her sickness I was called to come at once. The patient had a severe chill, lasting a very long time, and preceded by a severe pain in the abdomen. On my arrival she was in a state of collapse—something threatening imminent danger had developed. Abdominal tenderness became a symptom, with a small, frequent, wiry pulse, temperature below 97° F. The

abdominal tenderness was rapidly extending and closing the scene with all the rapidity that a diffuse peritonitis frequently does. She died within 40 hours.

That case A was one of typhoid fever, can hardly be doubted. It was not a mere typhoid state, this we may infer from the history of the case. The patient's bearing throughout the course of the disease, the nervous depression, all indicated a typical case of typhoid fever. The temperature in this case was peculiarly low, in fact, it was normal from the beginning of the disease, until the complication with the mumps developed. The fatal issue in this case had been anticipated from the first few days the patient was seen. My prognosis was based on the facts of a very rapid pulse, with a temperature almost normal, extreme obesity, weak heart, not influenced by any cardiac stimulant. Undoubtedly, the complication was only a natural sequence of the generally low state of the circulatory apparatus.

But the second case, I confess is somewhat puzzling to me to this day. I call it in my mind a case of typhoid fever, and I shall endeavor to explain the reasons for my conclusion.

What are the diseases that can be complicated by peritonitis? I shall not enter into the enumeration of all particular causes. I shall only sum them up in a general way, excluding such affections as furnish an antecedent history differing from that given above.

Inflammatory and non-specific diseases of any part of the alimentary canal could be eliminated. There had never been any local disturbance in the abdominal cavity to suggest an abnormal growth. There were neither subjective nor objective symptoms to justify one in supposing an obstruction or other inflammatory condition of the bile-conveying apparatus. The viscera of the chest were all functioning normally. There was no such blood disease as should have an antecedent history to the peritonitis. Rheumatism can be excluded. The genito-urinary organs were not diseased. The chills were

not of a malarial nature to suspect congestive fever, nor was the history of the case that of malarial fever in any form known to me. Yet the peritonitis appears itself, after something *gave way*, after the morbid processes lasted about *three weeks*. In fact, there is no febrile disorder, as far as I know, that has a similar course.

The symptoms, however, I must admit and so thought until the peritonitis developed, simulated some disease, even if unknown to me, other than typhoid fever. The complication after this lapse of time compelled me to change my thought. In conclusion, I would like to call attention again to the peculiar temperature of these cases, how some unforeseen complication may change a case by no means appearing serious into one formidable and fatal.

That my cases are not unique, I learn from hearsay by others; that sudden changes in cases, which apparently have been doing well, to a fatal issue, are not uncommon, although unfortunately for our fellow-men, the reports of such cases are seldom heard of. Not so, however, of the numberless brilliant reports of miraculous cures with wonderful recoveries.

# The Cleveland Medical Gazette.

*A MONTHLY JOURNAL OF MEDICINE AND SURGERY.*

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ONE DOLLAR PER ANNUM IN ADVANCE.

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EDITED BY A. R. BAKER, M.D., AND S. W. KELLEY, M.D.

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## EDITORIAL.

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With the first number of the next volume (November number) we expect to make a number of improvements in the GAZETTE. We have for five years furnished our readers a two dollar journal for a dollar. We now propose to furnish a four dollar journal for two dollars. The original and other matter offered for publication has gradually increased to such an extent that we are unable to make room for all of it. We have kept adding to the number of pages, so that the original forty-eight pages has been increased to an average of about eighty-four. In order to bring the price down so that it would be somewhere within reach, we have found that it was necessary to make use of a cheaper quality of paper and economize in other directions. But among the improvements we have planned, is that of making use of a better quality of paper. We will also mark the change in price by changing the cover to a light yellow.

In order to stimulate all our old subscribers to renew subscriptions, we will make the following favorable offer to any one paying up all arrearages in subscriptions, the amount of which has recently been mailed to delinquents. We will furnish the GAZETTE next year for the old subscription price of one dollar, if paid in advance on or before November 1st, 1890.

We will introduce the new volume by a portrait of Dr. Jared P. Kirtland, and a biographical sketch of this pioneer practitioner of the Western Reserve. We have in our possession numerous letters, and all the medical lectures of Dr. Kirtland, which have never been published, and we are sure that this sketch of his life will be worth the price of the GAZETTE.

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ALLEYNE MAYNARD, M. D.

Dr. Maynard died suddenly at Charity hospital, Saturday morning, September 13. About three weeks previously he was attacked with an illness, which, although not apparently serious, induced him to go to Charity hospital, where he could receive better treatment than at his rooms. He soon began to recover and had so far improved as to take occasional walks with a medical friend, and had made arrangements to return to his rooms on the following day; but during the night he passed away, apparently without pain or consciousness of the end.

We are indebted to the Cleveland *Plain Dealer* for much of this sketch.

Dr. Alleyne Maynard was one of the most retiring of men, but his circle of loving friends was large. It was impossible to know him truly and not love him deeply. His character was so pure, his life so free from stain, his manners so courteous to friend and stranger, that, although he shrank from publicity, he was more widely known than he himself realized, and was universally esteemed. He was the embodiment of all the elements that go to the making up of the true gentleman. There were traits in

his character that suggested the most perfect gentleman in all fiction, Thackeray's Col. Newcombe.

Many persons were under the mistaken impression that Dr. Maynard was born in England. He was, in fact, of West Indian nativity, having been born in 1820 on the island of Barbados, where his family had been residents for several generations. His grandfather, Judge Maynard, was one of the leading men on the island, and in one of the lives of George Washington, it is recorded that when he, in his youth, accompanied his brother, Lawrence Washington, on a health trip to the West Indies, they were entertained at Barbados by Judge Maynard. When Hon. R. P. Ranney and other Clevelanders were at Barbados a few years since on a yachting voyage, the portrait of Judge Maynard hung in the public hall. The father of Dr. Maynard was a clergyman of the Church of England, with a parish on the island, and owned considerable property, including slaves, which were manumitted by the Wilberforce act in the British parliament when young Maynard was still a lad. The clergyman wished his son to become a physician, and sent him at the age of 12 to England for his education. He was placed at school in Bristol, then the port for the West Indian trade. In the neighborhood of Bristol was the home of his mother's family, the Alleynes, who were persons of property and title. On completing his school education he was first apprenticed to a surgeon in Bristol, and on finishing his term went to Edinburgh university for his medical degree. On graduating he became house officer in Edinburgh hospital. The high character of the Edinburgh university and hospital for thoroughness and the fact that Dr. Maynard passed through them with marked honor, testify to the completeness of his medical education.

The death of his father left Dr. Maynard in possession of a comfortable fortune without the necessity of practicing his profession. He spent several years traveling in Europe, studying in the principal capitals and perfecting himself in languages and general knowledge. Once only

he returned to Barbados, but his visit was brief. In company with an older cousin, Dr. Nicholson, he came to the United States, bringing letters of introduction to numerous influential persons, among others to a brother of the late United States Judge H. V. Willson of this city, who lived in Canandaigua. One result of this letter was the marriage of Dr. Nicholson to the niece of Judge Willson. Before that marriage, Dr. Maynard and Dr. Nicholson went to Cincinnati, where they located and remained two or three years. After the marriage the two doctors and Mrs. Nicholson came to Cleveland, over forty years ago, and here Dr. Maynard remained.

Having means enough to live on, without any desire for expensive indulgences, Dr. Maynard made no effort to practice his profession for several years, but was finally induced by some of his friends to open an office. It took him but a little while to build up an excellent practice, but its demands upon him were greater than he could long sustain. He was thorough in everything he undertook, and whenever he had a case his whole attention was given to it. He was absorbed by it and felt so great a responsibility that an unfavorable turn worried him more than was good for his own health. About twenty years ago he suffered a severe attack of inflammatory rheumatism, which affected the action of his heart, and was undoubtedly a contributory cause to his death. On the heels of this he fell and broke his arm, and that was followed by a severe attack of diphtheria, which left him for some time weak and dispirited. On recovery he resolved to abandon the practice of his profession, although afterwards he occasionally looked after a friend's illness, though refusing to consider it a professional case.

Early in his Cleveland life he wooed and was engaged to Miss Mary Clark Brayton, one of the most lovable of Cleveland's good women, and who will be remembered by thousands of soldiers all over the union as an angel of mercy who cared for the sick and wounded boys in blue on their way from the front during the war. She and

Miss Ellen Terry organized the first soldiers' aid society of Cleveland, out of which grew the grander organization which looked after the sanitary affairs of the western armies. The marriage was postponed for nearly if not quite twenty years, through the continued feeble health of Miss Brayton's mother, and was not solemnized until about fifteen years ago. Then the couple who had deferred their own happiness to the comfort of others for so many weary years, went abroad to enjoy together the pleasures which the art centers of Europe could afford to persons of rare cultivation. The long deferred happiness was of short duration. In the second year Mrs. Maynard was attacked with the dreaded Roman fever, and after a lingering illness was brought back to Cleveland suffering with delirium. She was surrounded with every care that watchful love could supply, but one day, in the momentary absence of her husband and attendant, she set herself on fire and was burned beyond recovery.

Dr. Maynard had a keen interest as a citizen in public affairs, but never mixed up in political struggles. Once only he held public office for a brief time, accepting a position on the board of education in 1864 and attending faithfully to its duties. He also served on the Case library board, being one of the close friends and confidants of the late Leonard Case.

Dr. Maynard was professor of materia medica in the old Cleveland Medical college for several years. Drs. Dutton of this city, and Starr of Hudson, were students of his. He left about \$55,000 to the Cleveland Protestant Orphan asylum.

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#### OPENING EXERCISES WESTERN RESERVE UNIVERSITY MEDICAL DEPARTMENT.

The Medical Department of Western Reserve University was opened Wednesday, September 17, at the new college building, by an address by Dr. Wm. T. Corlett,

Professor of Dermatology (see page 498). Short addresses were also made by president of the university, Hiram C. Hayden; President Cady Stanley, of Case School Applied Sciences, and the Rev. Dr. S. P. Spreecher. The term opens with a large attendance of students and promises to be the most successful in the history of the institution.

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## AMONG OUR EXCHANGES.

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The foreign doctor is beginning to catch it. For lo, these many years he has been making merry at the expense of the American doctor, because the latter did not graduate at Paris, or Vienna, or London, and now his turn has come to take it. The American medical journals are screwing their courage up to publish what the American practitioner has long known, viz., that the foreign doctor, however great may be his erudition, lacks "gumption" as compared with the American. And now <sup>1</sup> DR. SAMUEL O. POTTER of San Francisco is pricking that bubble of supposed erudition, and shows that the requirements of German universities preliminary to admitting the candidate to his final examination for a degree, are less than the requirements of the average American medical college; one leading university, as late as 1880, announcing that it "did not require any attendance at lectures, or anything else, as a pre-requisite to its examination for its degree of M. D." Furthermore, he shows that of the graduates in medicine who are prone to quackish practices, 99 per cent. are graduates of foreign schools, all of which may account in part for the manifest disinclination of foreign graduates to join our medical associations or take active part in them.

Evidence is accumulating that the treatment of *gas asphyxiation* by hypodermics of nitro-glycerine (one-one-hundredth grains, repeated every ten minutes to one-half

<sup>1</sup> Journal of the Am. Med. Association.

hour)<sup>2</sup> is giving the largest proportion of recoveries as compared with other treatments. Within from half a minute to a minute the radial pulse gets stronger, and as its volume increases the respiratory embarrassment grows less. Four or five cases have been thus far reported in which this use of nitroglycerine has formed part of the treatment, and all recovered. The tendency of *nasal polypi* to recur after removal, to the great disgust of the patient and practitioner, DR. E. HARRISON GRIFFIN attributes in part to the use of caustics after the removal of the growths. He now uses a spray of witch-hazel, diluted at first and gradually increasing in strength, till the fluid extract is used undiluted. By thorough removal of the growths under the full influence of cocaine and subsequent treatment with witch-hazel spray, he claims that a majority of cases can be permanently cured. Fumes of ammonium bromide, made with aqua ammonia and strong hydrobromic acid (gravity 1.7) by the same process that fumes of muriate of ammonia are made for inhalation, are said<sup>3</sup> to be very efficacious in relieving and even abating entirely, paroxysms of *asthma*. A few whiffs only are said to give marked relief. In addition to its value as a test for albumen in urine, *trichloroacetic acid* is reputed to be a valuable cauterant in diseases of the throat and nose<sup>4</sup>. It forms a bright ivory-white scab, not extending beyond the surface cauterized, uniformly thick, colorless, and not followed by inflammatory after-effects or hæmorrhage. It causes so little pain that in the mouth and pharynx it can be used without cocaine. It is best applied by means of a sound with a small cup-shaped extremity in which a number of crystals can be inserted.

DR. A. W. GRIGGS has been giving chloroform a trial in the *albuminuria* of *pregnancy*, and reports satisfactory results.<sup>5</sup> He begins with a dose of twelve drops, increasing gradually up to fifteen or twenty drops, taken in two tablespoonfuls of water before each regular meal time

<sup>2</sup> Jour. Am. Med. Association, July 12. <sup>3</sup> Med. News June 14, 1890.

<sup>4</sup> Therapeut. Gaz. May, 1890.

<sup>5</sup> Southern Med. Rec.

and at midnight. The patient is directed to hold her breath, swallow promptly, and immediately exhale so as to avoid inhaling the vapor. He grades the dose of the drug according to the amount of albumen secreted. He finds that the appetite is improved and anasarca is diminished by its use. Chrysophanic acid (grs. iii to the ounce, of vaseline) is highly recommended by DR. METCALF<sup>6</sup> for the cure of *acne*. The face is to be well washed with soap at night, and dried. Before retiring the ointment is well rubbed into the affected part, and this is repeated nightly till a sharp dermatitis ensues. The inunction is discontinued till the dermatitis subsides, when it is resumed. The patient should be cautioned about staining fingers or clothes, and to guard the eyes.

The opinion is steadily growing that the anelids are dangerous in febrile conditions. DR. W. H. THOMAS<sup>7</sup> reports a *fatal result* from only five grains of *acetanelid* given at 4 P. M. to reduce a temperature of 104°, with full and hard pulse; at 6:30 P. M. the patient was in collapse, temperature 97°, pulseless at the wrist, and, in spite of every effort to bring about reaction, in nine hours from the administration of the dose she was dead. In an address read before the Colorado State Medical Society, DR. JESSE HOWES<sup>8</sup> protests against the use of this class of drugs in *typhoid fever*, on the ground that they are dangerous depressants; that they, moreover, diminish the excretion of urea and other products of retrograde metabolism. Editorially, also the Journal of the American Medical Association protests against their use in *puerperal fever*<sup>9</sup> on the ground that they are dangerous depressants to the circulatory system and tend to affect the integrity of the blood itself. All of which goes to show that the American practitioner should be more slow than he has been, in taking for granted the glowing state-

<sup>6</sup> Kansas City Med. Rec.      <sup>7</sup> Indiana Med. Jour., September, 1890.

<sup>8</sup> North Am. Practitioner, September, 1890.

<sup>9</sup> Jour. Am. Medical Association, September 6, 1890.

ments of German manufacturers as to the harmlessness of the proprietary remedies they are crowding into the American market at a profit of one thousand per cent., or thereabouts, on their cost.

DR. LOUIS FISCHER of New York has been using the bromoform treatment of *whooping cough* as recommended by STEPP of Nuremberg, with the happiest results,<sup>10</sup> viz., that seventy-five per cent. could be discharged cured in between two and three weeks. The dose for a child under one year is two to three drops three or four times a day, and double the dose for a child of eight years. The drug is given in a spoonful of water, and its pleasant taste renders its exhibition easy. It must be administered from dark bottles, or from bottles protected from light, owing to its liability to decompose in the light, setting bromine free. DR. FISCHER's testimony is corroborated by the editor of the St. Louis Clinique,<sup>11</sup> who has tried the remedy in his own family to his satisfaction. He says: "It has the advantage over chloral hydrate of not stupefying, and controlling the 'whoop' after the second days' administration. Moisture of the mucous membrane ensues at the same time." The *silver lines of pregnancy* which usually form such a blemish after the birth of the first child, Dr. F. W. LANGDON of Cincinnati, O.,<sup>12</sup> claims can be prevented if taken in time, by daily frictions of the abdominal, crural and gluteal regions with olive oil for about ten minutes, and the entire avoidance of corsets, constructions and suspensions of clothing from waist bands after the third month of pregnancy. He claims that this treatment will, moreover, afford "relief from the aches and shooting pains so often complained of, and which are largely due to the irregular stretching and compression of the nerves of the abdominal parietes."

<sup>10</sup>Med. Rec. September 6, 1890.

<sup>11</sup>St. Louis Clinique, August, 1890.

<sup>12</sup>Lancet Clinic, August 9, 1890.

## NEW BOOKS.

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'A TEXT BOOK OF PRACTICAL THERAPEUTICS.' By Hobart Amory Hart, M. D. Lea Brothers & Co., Philadelphia, 1890. For sale by P. W. Garfield, Cleveland, Ohio.

Among the new works on Therapeutics, we are glad to welcome to our study-table this one by Dr. Hart. We have looked it over with such care as our spare moments have permitted, and find in it little to criticise and much to commend. The work is conveniently arranged in four parts. The first eleven pages of the body of the work are devoted to "General Therapeutical Considerations," and under this head, treats of the mode of action and administration of drugs, their various forms and dosage; their action as modified by idiosyncrasy of patient, climatic influences, temperament, habit, etc. The absorption of drugs as influenced by disease or condition of the patient, the duration of their action, their indications and contra-indications, and their physiological effects as used singly or in combination, are well and wisely set forth.

Part second devotes 260 pages exclusively to drugs, and in a clear and concise way gives their history, preparation, physiological and therapeutical action and administration.

Part third treats of remedial measures other than drugs, and of foods for the sick.

About 225 pages of part fourth are given to the therapeutical treatment of diseases. The rational rather than the empirical plan of using remedies is presented, and the main points are clearly and concisely set forth.

Undue prominence, however, is given to some subjects as compared with others more important. Membranous croup and diphtheria under one head, occupy about one and one-eighth pages, while nine pages are given to gonorrhœa. Bright's disease, acute and chronic, is accorded less than two pages, while nasal catarrh covers ten.

A very full table of doses, of remedies ; a complete index of drugs and remedial measures and an excellently arranged and very full index of diseases and their remedies, complete the work. The book, in all its parts, is alphabetically arranged, printed in excellent type, and as a book for valuable and ready reference should be in the hands of every practitioner of medicine. We predict for it a wide circulation.

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## NOTES AND COMMENTS.

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*Preventing Conception—Method of the Australian Natives.*—According to *The Weekly Medical Review*, July 26, 1890, Mr. Carl Lumholtz, member of the Royal Society of Sciences of Norway, a few years ago made an exploring and collecting expedition through Northern Australia. He gives the result of his researches into the customs and habits of Australian aborigines, who are generally accounted the lowest race now in existence. Among other customs, these people have a curious surgical procedure, called the maka operation, which is much resorted to for the purpose of preventing the increase of population. The operation, which is performed with certain religious rites, consists in making an incision into the urethra with a flint knife. In a few tribes the males are operated on in childhood, only about five per cent. being spared. In other tribes a husband must submit to the operation after becoming the father of one or two children. It is said that an incision about an inch long, is made almost to the scrotum ; the wound surface is cauterized with hot stones, and during the process of healing little pieces of wood are inserted into the orifice to prevent it from closing. This artificial hypospadias is said to have the desired result, and the man has no more children.

The motives which inspire the performance of this operation are as different from those which prevail among the more highly cultivated peoples as are the methods for bringing about the desired result. The reason assigned is that the aborigines are very indolent, and the idea of providing sustenance for a number of children is repulsive to the untutored savage, who takes this way of escaping from the dilemma.

*Capsicum as a Counter-Irritant.*—Dr. Henry J. Buck, writing to the *Lancet*, says: "I have used this drug for more than twenty years—I may say almost daily—and many of my patients will not travel without a bottle of the "magic lotion," as they call it.

I find the simplest and the most efficacious way of applying it is to soak a large handful of the crushed pods in half a pint of hot water for an hour, then strain and bottle for use. A teaspoonful of eau-de-cologne added will keep the solution, or it can be well boiled after preparing. I then have it applied to the affected parts on a piece of linen folded three or four times, or on lint, and covered with gutta-percha tissue or a dry flannel. In this way the lotion may be kept for hours without vesicating, and in many cases the skin is hardly reddened. The stinging and burning sensation produced by the capsicum lotion is, after a few minutes, welcomed by the sufferer, so magically does it remove the rheumatic or neuralgic pain for which it has been applied. In acute torticollis a cure is often speedily obtained by covering the side affected with the application. In any form of neuralgia, rheumatism, sub-acute gout, pleurodynia, and such like, it will be found most useful, and may be reapplied over and over again during the day and night without any fear of vesication.

*Physicians will bear in mind* that when a nurse is wanted one can be obtained by calling at the office of the GAZETTE and consulting the Nurses' Directory. You can there ascertain what nurses in the city are not engaged and where they reside, what class of cases they will take, what their qualifications are, by whom recommended, what language they speak, their charges for work, and other particulars, and make your selection.

*Drs. W. J. Scott, H. J. Herrick and Jno. P. Sawyer* have returned from the medical congress at Berlin. Dr. N. Stone Scott will remain in Europe for a year's study.

*With the November number* THE GAZETTE will change its paper, the style of its cover and its price. Its management and its principles will remain the same.

*Dom Pedro* on one occasion wished to found an hospital and, funds being a little low, he hit upon the expedient of ennobling any citizen who would contribute a certain sum to the hospital fund. He soon found that half of Rio was anxious to possess a title and money poured in from

every side. When the hospital was finished the emperor caused to be sculptured above the gates a Latin legend signifying: "Human Vanity to Human Misery."

*The Thirteenth Annual Reunion* of the Pennsylvania and Maryland Union Medical Association was held at York, Pa., August 28. There were over five hundred doctors, together with their families, in attendance from Philadelphia, Baltimore, Harrisburg, Lancaster and other cities and towns. Addresses were made by Dr. J. C. Gable, president of the New York County Medical Society; Mayor Noell of York, Dr. Deaver of Lancaster County, Professor S. G. Boyd of the *York Gazette*, Dr. Morris of Baltimore and Dr. J. H. Packard of Philadelphia.—*Medical and Surgical Reporter*.

*The Belmont County Medical society held its regular quarterly meeting* at Bridgeport, O., September 2, 1890. Dr. Hewetson was made president *pro tem*. Minutes of the last meeting were approved as read.

Drs. Riggs, Hawthorne and McGlenn were made members of the society. The old members present were Drs. J. P. West, Cooper, Kurtz, McClellan, Long, Boone, Peirsol, Cooke, Fisher, Heinlein, Hobson, Hewetson and S. L. West.

It was moved and seconded that Dr. J. C. Sexton of Rushville, Indiana, be received as an honorary member of this association, and the secretary be instructed to notify him of the same. Carried.

The "report of Committee on Relation of County Medical Societies to the State Society" was read by the secretary, and after a thorough discussion it was put to a vote. All were heartily in favor of adopting the amendment to the constitution.

Dr. J. W. Cooper read a paper on "Gonorrhœa". The discussion was opened by Dr. Jno. Cooke and followed by other members.

Dr. S. L. West read a thorough paper on "Varicocele and Hydrocele." Discussions by Dr. Hewetson and others.

A volunteer paper by Dr. Long entitled "Epilepsy," giving his experience of hospital cases.

The next meeting to be held at Bellaire, Ohio, on the third Tuesday in October, 1890.

*Dr. James A. Lydson*, late chief of the Eye and Ear Department, Pension Bureau, Washington, D. C., has been elected to the Chair of Chemistry in the Chicago College of Physicians and Surgeons. We congratulate the college upon securing such a valuable addition to its faculty.

*Mississippi Valley Medical Association.*—The sixteenth annual meeting of the Mississippi Valley Medical Association will be held at Louisville, Ky., Wednesday, Thursday and Friday, October 8, 9 and 10, 1890. The programme is now completed and embraces the names of the most prominent men in America.

Dr. John A. Wyeth, the distinguished surgeon of New York, will deliver the public address. A grand banquet will be given at the Galt House; also public receptions and private dinners by the citizens and members of the profession. The social feature of the occasion will be made prominent. Half-fare rates have been secured on all railroads. Reasonable board can be had at all our hotels, the Galt House being made headquarters.

The meeting is to be held in the large and spacious Liederkrantz hall, its location being convenient to all the hotels.

We hope you will come, attend this meeting and aid the discussion of papers.

The only thing necessary to become a member of this society (for a physician in good standing) is to sign the Code of Ethics and pay \$3.00 annual dues.

SPRINGFIELD, O., September 10, 1890.

DR. A. R. BAKER, CLEVELAND MEDICAL GAZETTE.

*Dear Doctor:*—Enclosed please find N. Y. Exchange \$7.00; to pay cash advanced nurse, \$5.00; fee Nurses' Directory, \$2.00. The nurse arrived all right Monday noon, and if she gives as good satisfaction as her appearance and conduct lead us to expect, we will feel that it was a fortunate impulse which lead me to apply to you. Thank you many times for your courtesy in this matter. I am glad to know of a place where I can always apply for a nurse (of any kind) with a reasonable prospect of securing one. There are no facilities of the kind in Cincinnati or Columbus, the cities nearest to us.

Again thanking you for courtesy shown me, I am faithfully yours,

J. M. BUCKINGHAM.

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THE

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## ORIGINAL ARTICLES.

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### MYOPIA.\*

BY ALBERT R. BAKER, M. D., CLEVELAND, O.

There is no subject which demands the same careful consideration of the thoughtful physician or student of sociology as that of myopia. It is a disease peculiar to civilization, and one that is rapidly on the increase. It is somewhat doubtful whether the ancients ever suffered from myopia. Probably the earliest myope of whom we have any record was the Emperor Nero, who used a concave glass so that he was enabled better to see the gladiatorial contests.

Observations have proven that all animals are hypermetropic and that myopia is peculiar to man, and as Landott has well said, the *disposition* to myopia is therefore found in the development of the human race, and the *determining cause* in what is more particularly called civilization.

The rapid and uniform increase of myopia in school children is remarkable. In the primary grades of many of

\* Read before the Mississippi Valley Medical Association, Louisville, Kentucky, October 9, 1890.

our city schools not more than two or three per cent. of myopia will be found. In the grammar grades from ten to fifteen per cent. will be met. In the high schools from twenty to thirty per cent., while in many of our colleges the percentage of myopia will be increased to forty or even seventy per cent. The influence in producing myopia, as the result of the close application which is demanded of the eyes in school work, is best seen by comparing it with the following table of examinations of soldiers in France by Tscherning.—Arch. F. Opth., xxix., p. 201, 1883.

|   | TOTAL. | MYOPES. | PER CENT. |
|---|--------|---------|-----------|
| Day Laborers, Peasants and Sailors, - - - | 2326   | 57      | 2.45      |
| Mechanics of various kinds, - - -         | 2861   | 150     | 5.24      |
| Mechanics engaged with near work, - - -   | 566    | 66      | 11.66     |
| Artists, Engineers and Architects, - - -  | 270    | 36      | 13.33     |
| Merchants, - - -                          | 1009   | 159     | 15.76     |
| Professional Men, - - -                   | 491    | 159     | 32.38     |

We are greatly indebted to Von Graefe and Donders for our knowledge of the pathology of myopia. It was held for many years that myopia was due to an increased convexity of the cornea or of the lense, or both, or else due to opacities or changes in the vitreous, but it has been fully settled that myopia, practically speaking, in all cases is due to an elongation of the eye-ball at its posterior pole and is due to a great variety of causes, heredity playing an important role in its production. It is probable that the myopia itself is not hereditary, but the dyo-cephalic form of head and face is markedly so, and thus predisposes the individual to myopia.

The *exciting* causes are found in reading and using the eyes on small objects near the eye, bad light and holding the book too close to the eye, stooping posture in schools, improper arrangement of seats, bad typography, opacities of the cornea or media, astigmatism.

But these alone are not sufficient to account for the

production of myopia, and we must seek for some condition of the eye itself, which may be found in a weakened condition of the *coats* of the eye, so that they are not enabled to withstand the intra-ocular pressure. A reference to the anatomical condition will show that the part of the eye least able to resist this pressure is the posterior part of the eye-ball. It is already weakened by the entrance of the optic nerve, and it does not have the support of the muscles and lids which the anterior portion and sides have.

The myope not being able to see objects beyond his range of accommodation, closes the lids tightly over the ball, leaving only a small slit so as to get stenopaic vision, and thus the injurious pressure continues when he looks at a distance as well as near by.

But we must still seek farther than to a merely weakened condition of the coats of the eye and increased pressure, to arrive at a clear understanding of the cause of myopia. There is in these cases a choroiditis which I believe is the important pathological condition in the production of the posterior staphyloma and resulting myopia. And this is always to be found in the early history of the disease. Although the sclerotic is the principal envelope (the skeleton) that gives support to the eye-ball, it can easily be understood that an inflammation of the choroid may also involve the sclerotic. Why this inflammation should in these cases always involve the posterior part of the eye-ball may be explained by the fact that this is the part that is always subjected to brightest light and where almost all the labor of seeing is performed, and consequently subject to the greatest irritation. It performs the most physiological labor and consequently is the first to suffer when abused.

Among our school children will always be found a number who are said to have "naturally weak sight." Their eyes are subject to irritation, black spots are complained of, photophobia and pain, together with various other subjective symptoms of inflammation.

An ophthalmoscopic examination reveals a hyperemic disk, a slight blurring of its outlines, a condition of the fundus which has been described as the "peach blow" choroiditis. After a time there is a deposit of pigment around the disk, which is followed by staphyloma, atrophy, hemorrhage, detachment of the retina, cataract, opacities of the vitreous and all the serious consequences of malignant myopia. It is altogether probable that the posterior staphyloma is a conservative factor which, by the relief of injurious pressure, prevents other more serious troubles. Dr. Risley has attempted to demonstrate (and his views have coincided with that of many observers) that cataract is a disease of old age, not because of the age, but because the sclerotic has greater resisting power, and that when a choroiditis is developed in an old person, injurious disturbances of nutrition are caused, resulting in cataract, while in younger persons, the sclerotic yields, the proper nutrition of the eye is preserved, the lense remains clear, and myopia is thus developed.

It can not be objected to this view of the etiology of myopia that intra-ocular tension is not increased in myopia, because the yielding of the sclerotic in the posterior pole is the element that prevents the increase of tension. In glaucoma we have an increase of tension, but the circumstances are entirely different. It occurs usually in hypemetropic eyes and at an advanced age, and the excavation when it occurs in glaucoma is confined to the papilla, because it is the weakest point. It is possible that not a remote connection between choroiditis, posterior staphyloma, cataract and glaucomatous excavation of the disk may yet be established, all depending on one cause, or the same combination of causes. Other causes which have an influence in the production of myopia are compressions of the globe by the extrinsic muscles of the eyeball. Von Arlt's theory that the softening of the sclerotic at the posterior pole is due to a venus stasis caused by the compression of the venæ vorticosæ by the oblique muscles in convergence, is a plausible one. An arrested

development of the sclerotic has also figured in ophthalmological literature as a cause of myopia. There is no doubt but that all these may have an influence in the production of myopia, but a careful weighing of all the evidence and close clinical observation of progressive cases of myopia will convince the most skeptical that the process is essentially an inflammatory one, which will be found to vary from a simple hyperemia to an intense disseminated chorioiditis. Only a small portion of the fundus may be involved, or the entire membrane even extending so as to include the retina, sclerotic and other ocular structures.

*Subjective symptoms* of myopia are those of indistinct vision at a distance and the discord that exists between conveyance and accommodation, which I have discussed in another paper.\*

But even in low degrees of myopia the patient often suffers from hyperemia of the fundus oculi, which gives rise to all sorts of visual trouble. He suffers from asthenopia, muscæ volitantes, fatigue of the eyes, pain in the orbit, a sense of fullness and pressure in the head, or even headaches. The pain often becomes more severe and is neuralgic in character.

The dark patches dancing before the eyes are especially annoying to the myope, because he sees them plainer, and owing to the sensitiveness of the retina they cause him more annoyance than others. He never tires of describing these apparitions which assume all sorts of fantastic shapes, and the more he pays heed to them the more he can see them. Owing to his being shut out from most of the pleasures of sight which his defective vision denies him, he is more introspective and to a certain extent often becomes a monomaniac on the subject of these visual apparitions. As the disease progresses there are added to these physiological corpuscles which are present in the eye of every person and can be seen by anyone looking at a white surface, such as a white wall or the clear sky, pathological exudations into the vitreous,

\* Nervous diseases of reflex origin.—Journal of the Am. Med. Ass'n.

which are more troublesome to the patient, often interfering greatly with vision. As the exudations take place into the choroid and beneath the retina distortion of objects are complained of, especially horizontal and perpendicular lines. The patient, as Landolt has said, is often placed in a "vicious circle of action and re-action, for the more he pursues these phantoms the more he is harrassed by them, nothing being more fatiguing than the observation of such entopic phenomena."

But this is only the beginning of a long series of accidents that may befall him. Little by little he may find his vision failing him, or suddenly he may discover a large *scotoma*, due to hemorrhages in portions of the retina. If the fovea centralis be involved, all central vision is lost. These hemorrhages are absorbed very slowly and they are very liable to recur. When absorption takes place they almost always leave a patch of atrophy, and vision from this part can never hope to be restored.

*Detachment* of the *retina* is another accident even more serious, to which highly myopic eyes are especially predisposed. *The liquefaction* of the *vitreous*, which occurs sooner or later in cases of choroiditis, is a factor that adds greatly to the dangers of detachment. And these are not all the dangers, for not infrequently *cataract* is developed, which is slow to mature, and when ripe difficult to remove on account of the atrophy which has taken place of its suspensory ligament and the fluid vitreous behind it, and when removed, the condition of the eye is often such as to be of but little service. And even though he escape all the dangers of myopia, he may have started a chronic inflammatory process in his eyes, resulting in glaucoma in later life.

*The diagnosis* of myopia is not difficult in most cases, although in cases of spasm of the accommodation, we may have emetropia or even hypermetropia simulating myopia. It is not unusual to find hypermetropic patients wearing concave lenses fitted by some optician who advertises to

fit spectacles *scientifically*, free of charge. In all cases of error of refraction when there is a marked difference in the results obtained by the ophthalmoscope and the tests made by the test types and lenses, atropia should be used. Myopic patients suffer the least inconvenience from the use of atropia, as their accommodation plays a small part in the visual efforts.

But to differentiate a stationary myopia from a progressive one is difficult, especially in the lower degrees, and will require the most careful examination on the part of the physician.

If the myopia be less than 2 D, and the patient past twenty-five, and there are no annoying subjective symptoms of any kind, and vision can be improved to  $\frac{20}{20}$ , and has apparently remained stationary for some time, there is a probability that this patient will go through life without any serious annoyance other than being obliged to resort to the use of spectacles, for distant vision. The only compensation that may be offered is that the use of presbyopic glasses may be postponed for a few years, but the patient will be obliged to resort to two pair; one for reading and one for distance, in later life. There is no truth in the popular fallacy that near-sighted eyes are strong eyes. I cannot refrain from calling your attention in this connection to M. Sarcey's little work entitled "Mind your eyes. Good advice from a near-sighted man to his fellow-sufferers."

With the changes which take place in the choroid retina, optic nerves, pupils and sclera, there are certain changes which can be seen by the ophthalmoscope, and reveals to the examiner the exact condition and enables him to say whether there has been serious damage done, and whether it is temporary or not, and he will be able to state with considerable accuracy what the prognosis will be. In the lower forms myopia of 2 D or less, there may be no ophthalmoscopic signs visible except the error of refraction. If, however, the disease is progressive, there will be a hyperemia of the fundus or blurring of the optic

disk, in short, a sub-acute choroiditis. The appearance has been described as the "peach blow fundus." But, if the case has proceeded a little farther, there will be a crescent-shaped figure added to the papilla, at the outer side.

If it has progressed somewhat farther there will be a larger posterior staphyloma which may include the entire disk.

The appearance can readily be understood if we remember that the three coats of the eye are intimately connected, and that when the sclerotic becomes elongated, stretched, the choroid and retina must necessarily undergo a similar stretching process, and will become thinned and allow the white sclerotic to become visible through it. But this is not the only ophthalmoscopic appearance which may be present as the stretching of the coats of the eye progresses. There may be a rupture of one or more blood-vessels and hemorrhage into the substance of the choroid, retina, or into the vitreous, or between the retina and choroid, causing a detachment of the retina. If seen early the hemorrhage will appear as a bright red clot of blood. If later it will present a darker, almost black appearance. As it becomes absorbed there will be more or less atrophy of the choroid and retina and the position of the clot will always be recognized by a white atrophic patch. The clot of blood during the period of absorption will be surrounded by a hazy zone, indicating a local choroiditis. These clots will vary greatly in size, from that of a pin-point, almost invisible, to that of many times the size of the disk. There also may be seen other evidence of choroiditis, such as deposits of pigment, stretching of blood-vessels, exudations into the vitreous, iridocyclitis and cataract.

*Prophylactic Treatment.* Much can be accomplished by improved hygienic surroundings, good food, plenty of outdoor exercise, long hours of sleep, good light, large type, good uncallendered paper, sitting erect, holding books and all work at as long a distance from the eyes as possible for distinct vision. This implies shorter school hours, less

reading of illy printed newspapers and trashy novels, less practice on the piano, more base ball, running, hunting, fishing, walking, riding, driving. In fact, a change in our entire educational system as now conducted. Whether this is practicable or even desirable must be left to political economists to determine. While the picture presented of all the evil consequences of myopia is not overdrawn, the writer does not believe that there is any immediate danger of the race all becoming myopic. While statistics prove that there is a rapid progression of from two or three to sixty or seventy per cent. of myopia from the primary school through the grammar and high schools to the colleges, it is not probable that if all pupils who entered the primary schools continued their studies until they graduated from the colleges that the percentage of myopes would be so large. The myopic child is shut out from much of the pleasure of out-door life that the emetrope enjoys. His field of vision is contracted. He may hear the birds sing, but he does not see their bright plumage except as they are confined to the aviary. He may enjoy the fragrant odors of green fields and forests, but his vision is limited to a few feet in circumference. He may be endowed with the strength of Hercules, but his defective vision prevents him from enjoying the boisterous exercises of the play-ground. Consequently he derives his pleasure from reading and such pastimes as he can enjoy with a limited range of vision. He thus naturally takes greater pleasure in books, and by a process of natural selection he continues to pursue his studies, while his more fortunate (some would say less fortunate) class-mate, with normal vision, drops out by the way and enters some pursuit in life more congenial.

It is necessary to give myopic children spectacles so that they may be able to gain an adequate idea of the beauties of nature and art which surround them. It also enables them to sit erect and prevents the stooping posture which causes the congestion of the head and eyes, which is one

of the causes of the increase of the myopia. It also, by placing objects at a greater distance, prevents the excessive effort for convergence and removes another fruitful cause of the increase of the myopia. In these cases the *weakest* glass with which vision can be brought up to the normal should be ordered.

If the myopia is progressive, children should be taken out of school for a time, atropia used to paralyse all accommodative efforts and the general health carefully attended, out-door sports encouraged and all efforts at vision for small objects interdicted. If necessary, a broad shade or tinted glasses may be ordered. It is a question in the minds of many oculists whether the error of refraction should be corrected with spectacles. In my opinion it should be, as the improvement in the vision will more than counterbalance the injury, if any, due to increased accommodative efforts.

At the end of some months, or a year, it may be permissible, if the myopia ceases to be progressive, to permit the studies to be resumed, but it should be done guardedly and close watch kept of the eyes for a relapse of the malignant trouble.

Considerable judgment and experience is necessary in ordering spectacles for these cases. The following remarks are suggestive, and cannot be followed implicitly.

In low degrees of myopia, 1 D, or less, it is usually best to correct the myopia fully, and the same glasses may be worn for reading and distance or for distance only, and none for reading. The comfort of the patient should be consulted, especially in adults, as to wearing of them for reading. If worn for distance only, eye-glasses may be given if preferred by the patient.

In moderate degrees of from 2 to 5 D it is usually advisable to wear spectacles both for reading and distance. If the same glass can be worn with comfort for both near and distant vision, it is preferable to do so, as it avoids the necessity of using two pair of spectacles. In many myopes of this class, especially if the use of glasses has

not been commenced until after adult life, the increased accommodative efforts required to see distinctly near objects causes fatigue, and may necessitate the use of a weaker pair for reading. In higher degrees of myopia of from 5 to 9 D, two pair of lenses will usually be required, one correcting the error of refraction fully and another of lower power for reading. In high degrees of myopia of 9 D or over, it will be seldom practicable to correct the refraction fully, and the patient must be content to see less perfectly at a distance. It is usually advisable to determine the amount of error accurately and then deduct about 4 D from this amount. Many patients will wear this glass with comfort for both near and distant work, although some will require a weaker lense for reading.

If there should be a difference of more than 1 D in the refractive error of the two eyes, it is not advisable to correct both, but correct the weaker of the two, and give a similar lense for the other eye. If binocular vision has never been established, owing to a great difference in refraction of the eyes, one eye being used for distance and the other for near vision, an exception to this rule may be made, and each eye corrected independently of the other.

If any astigmatism be presented in either eye, it should be corrected fully.

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## PNEUMONIA.

BY E. S. MCKEE, M. D., CINCINNATI.

The following is gleaned from the recent literature on pneumonia:

Roger and Gaume<sup>1</sup> have written a long article on the toxicity of the urine in pneumonia. They refer to the experiments of different writers, which show that the urine of persons in a normal state of health is poisonous to animals when injected into their veins. They experimented

<sup>1</sup>Roger and Gaume, *Rev. de Med.*, April and May 1889.

with the urine of eleven cases of pneumonia with the object of determining whether there was any change in the toxicity in this disease. A person in a state of health eliminates three or four more times as much urine than when suffering from pneumonia. At the moment of defervescence, the urinary toxicity suddenly increases, and attains or surpasses the normal rate. The urotoxic discharge characterizes the urinary crisis, and is the only constant phenomena. It lasts twenty-four or forty-eight hours, and attains its maximum on the day of the thermic crisis, or more rarely, the following day. After the defervescence, the urine again becomes but little toxic, descending suddenly or gradually to the normal. Physiological analysis reveals the toxicity of the urine at the time of the crisis to depend upon different poisons, little known from a chemical point of view.

Schutz,<sup>2</sup> under orders from the Prussian government, has been experimenting on cattle by inoculating them with warm lymph from the lungs of cattle suffering from inflammation of the lungs. He found such inoculation afforded immunity from the infectious inflammation.

Netter<sup>3</sup> relates the case of a woman who gave birth to a child when she was very ill with acute pneumonia. The child lived five days, and at the *post mortem* examination, pneumonia at the apex of the right lung was found, with double pleurisy, suppurative pericarditis and cerebro-spinal meningitis. A microscopic examination showed pneumococci. The rarity of pneumonia at this age, supports the conclusion that in this case it was due to infection from the mother. A similar infection of the foetus has been found in rabbits, guinea pigs and mice. The pneumococci sometimes seem to produce pneumonia in the mother and pericarditis in the child, or suppurative meningitis in the mother and pneumonia in the child. Netter has only found three cases of this pneumonic infection in woman.

<sup>2</sup>Schutz, London Lancet, October 19, 1889.

<sup>3</sup>Netter, Le Progrès Médical, March 16, 1889.

Spleno-pneumonia is reported by Dauchez,<sup>4</sup> Deville,<sup>5</sup> and Cheron.<sup>6</sup> The cases were characterized by the following symptoms: Flatness, considerable diminution of vesicular murmur, soft blowing, broncho-egophomy. To these may be added, fine crepitations limited to inspirations, preservation of Traube's space and the progressive increase of vesicular murmur, from base to summit, as recovery advances.

Stephan<sup>7</sup> reports two cases of paralysis occurring in the course of pneumonia. He gives the details of many others, collected from the literature on the subject, and discusses the opinions of various writers. He says paralysis may occur at the beginning of pneumonia, during its course or in convalescence. The cause of these paralysees is in some cases a meningitis, but in many others there is an entire absence of gross organic lesion.

The Mortality of Acute Lobar Pneumonia is the subject of a study by Townsend and Coolridge,<sup>36</sup> using as their material the 1,000 cases treated in the Massachusetts General hospital from 1822 to 1889. The average mortality was twenty-five per cent. This gradually increased from ten per cent. in the first decade to twenty-three per cent. at the present. This increase is shown to be deceptive for several reasons: The average age of the patients has been increasing from the first to the last decade; the relative number of delicate and complicated cases has increased, as has also the relative number of foreigners. These causes they consider sufficient to occasion the entire rise in mortality. The treatment which was heroic before 1850, transitory between 1850-1860, and expectant and sustaining since the latter date, has not, therefore, influenced the mortality rate, the duration of the disease or its convalescence.

<sup>4</sup>Dauchez, *La France Medicale*, December 27, 1888.

<sup>5</sup>Deville, *Weekly Medical Review*, October 3, 1889.

<sup>6</sup>Cheron, *L'Union Medicale*, July 30, 1889.

<sup>7</sup>Stephan, *Rev. de Medicine, Am. Journal Med. So.*, June, 1889.

<sup>36</sup>Townsend and Coolridge, *Med. News*, July 27, 1889. *Med. Analectic*, August 22, 1889. *Lond. Lancet*, June 27, 1889.

ETIOLOGY.—Mosler<sup>8</sup> reports a number of interesting instances of the spread of pneumonia from one person to another by infection. In one occurrence four persons were attacked by the disease in one family. The father was first taken sick and died on the fifth day. On the day of his death his wife was attacked and also died on the fifth day. The son next became ill and died the twelfth day. Seven days later the daughter was taken with the same disease, but recovered after a tedious convalescence. The autopsy on the son showed double fibrinous pneumonia with recent fibrinous hemorrhagic pleurisy. The autopsy was performed thirty-six hours after death, consequently the micro-organisms were too numerous to permit a satisfactory conclusion. A hypodermic needle was inserted into the daughter's lung. From the fluid withdrawn, a species of bacterium was obtained, having marked and distinguishing features and clearly belonging to the group of bacteria of rabbit septicemia, fowl cholera and allied diseases. Thus, it was different from Fraenkel's lancet-shaped coccus and the so-called pneumococcus of Friedlander. He thinks these cases demonstrate the necessity for the removal and disinfection of the sputum.

Bard<sup>9</sup> relates the story of a severe epidemic of measles in a village in the south of France, and finds all or nearly all the fatal cases arose from the infection of a single case. This was not only measles, but also broncho-pneumonia.

Vernon<sup>37</sup> considers the burning of natural gas an important factor in the causation of broncho-pneumonia in children.

Porter<sup>10</sup> considers catarrhal pneumonia influenced to a large extent by temperature changes. The extremes of cold are not favorable to the development of acute pneumonia.

<sup>8</sup> Mosler, *Deutsch Med. Wochenschrift* 13 and 14, 1889, *Med. Press and Circular*, September 25, 1889.

<sup>9</sup> Bard, *Lyon Medicale*, January 13, 1889, p. 43, *Practitioner* March 1889.

<sup>37</sup> Vernon, *N. Y. Med. Record*, *Tr. Ind. State Med. Soc.* 1889.

<sup>10</sup> Porter, *Med. Register*, April 6, 1889, *Med. Review*, February 23, 1889.

The statement of Maraglione<sup>11</sup>, that pneumonia is an infectious disease, is, according to Dr. Porter's views, an extreme position, yet the fact remains undisputed that there is a micrococcus peculiar to pneumonia.

Ballard<sup>12</sup> after a prolonged investigation into a specific pleuro-pneumonia fever which occurred in Middleborough in England, decided that it was a specific febrile disease, which must be regarded as infectious in the sense of being communicable from the sick to the healthy. This resulted from direct relation of individuals, and also through the medium of emanations from sewers, drains, etc., which had received sputa or other excreta of the sick, or become infected in other ways. Three cases of a specific pleuro-pneumonic fever have also been reported by Neal.<sup>13</sup> Crugneau<sup>14</sup> relates a case where a lady contracted pneumonia and died in three days. A few days later, her brother-in-law was down with pneumonia in the same house, and died also, in eight days. He thought isolation wise, especially of aged persons, and those addicted to alcohol.

Wells<sup>15</sup> writes an extensive article on Pneumonia Fever, containing a great amount of data and 862 references. He says, as to the causation, "There can be no doubt as to pneumonic fever, epidemic as well as sporadic, everywhere and always being due to the action of a single peculiar and specific morbid material." Baker takes issue with him, and cites his own tables, as also those of Wells, to prove that it is absolutely controlled by atmospheric temperature, or by conditions associated therewith.

Sternberg,<sup>16</sup> after investigations as to the cause of pneumonia, decides that it is evidently a specific infectious disease, the micro-organism of which is widely distributed.

<sup>11</sup> Maraglione, *Med. Review*, February 23, 1889.

<sup>12</sup> Ballard, *Med. Chronicle*, June, 1890.

<sup>13</sup> Neal, *Brit. Med. Jour.* September 14, 1888.

<sup>14</sup> Crugneau, *Med. Times and Register*, July 20, 1889.

<sup>15</sup> Wells, *Journal Am. Med. Ass'n.*, February 9 and 23, 1889. N. Y. *Med. Journal*, March 30, 1889.

<sup>16</sup> Sternberg, *London Lancet*, February 23, March 2 and 9, 1889. N. Y. *Med. Journal*, February 16, 1889.

The development of an attack depends rather upon secondary predisposing and exciting causes than upon the accidental introduction of the specific agent.

Seibert<sup>17</sup> is satisfied that Fraenkel's coccus, described by Dr. Sternberg as micrococcus Pasteuri, would probably cause the more frequent form of pneumonia, as the sthenic variety. The asthenic, bilious or typhoid form, on the other hand, is usually produced by the pneumococcus of Friedlander. In his consideration, the most important investigations conducted by Rudolph Emmrich,<sup>18</sup> in the state prison of Amber. The main point in the present status of our knowledge is the consideration of fibrinous pneumonia as an infectious disease, the germs of which thrive and multiply in the filth and dirt of dwellings; and we should do in internal medicine, as the surgeon has long since done in operative surgery, prevent infection by cleanliness and antiseptics.

Delafield<sup>19</sup> regards pneumonia as an infectious inflammation requiring three factors: a pathogenitic bacterium, some exciting cause for the inflammation, and susceptibility. At different times and places some one of these three factors takes precedence.

Slosse<sup>20</sup> considers pneumonia a general, not a local malady. The localization shows itself late, and can occur either in the lungs, the meninges, or in the endocardium. It is infectious and contagious. The cause of the disease is the pneumococcus.

Hirsch<sup>21</sup> says that the proportion of cases of rheumatism complicated with pneumonia, is usually estimated at far too low a figure, as the involvement of the lungs is frequently overlooked.

Pignatari<sup>22</sup> recently described a form of pneumonia due

<sup>17</sup>Seibert, Med. Record, April 3, 1889. p. 383.

<sup>18</sup>Emmrich, Med. Record, April 6, 1889.

<sup>19</sup>Delafield, Med. Record, April 6, 1889, p. 386.

<sup>20</sup>Slosse, Journal de med et de chir et de Parm., April 20, 1889.

<sup>21</sup>Hirsch, Berli. Klin Wochenschr., Dec. 24, 1888. Am. Journal Med. So., March, 1889. Canadian Practitioner, February 15, 1889.

<sup>22</sup>Pignatari La Riforma Medica, January 17, 1889. Brit. Med. Journal, March 23, 1889.

to malaria. It occurs in marshy districts, July to October, and in persons already weakened by previous malaria. The distinctive clinical feature is the temperature, which reaches the highest point in the morning and its lowest in the evening. The fever may disappear, then return again. It is almost always fatal unless treated with quinine.

Szontagh<sup>23</sup> reports a case of white syphilitic pneumonia in a child five years old, which was proven on autopsy.

Prudden and Northup<sup>24</sup> have examined morphologically and by cultures, the lungs of seventeen children who died of diphtheria complicated by pneumonia. The pseudo-membranes, in all but one of these cases, were shown to contain a streptococcus, which was, apparently, the cause of the diphtheria. In all but one of the cases of pneumonia, the lungs contained a similar streptococcus. They were able to induce in rabbits with the greatest uniformity, a lobular and broncho-pneumonia, by the intra-tracheal injections of pure cultures of the streptococcus isolated from the children's lungs. They arrived at the conclusion that the acute lobular and broncho-pneumonia which is apt to complicate diphtheria in the upper air passages in children, is a form of inspirious pneumonia, induced by the streptococcus diphtheriae which finds access to the lungs from the foci of diphtheritic inflammation in the air passages.

Kreider<sup>25</sup> favors baths in those diseases only which are not progressing favorably, as they exceed anything in giving relief to all bad symptoms. Difficulty of respiration and lack of secretion should lead to the employment of the baths, regardless of the height of the mercury. The bath treatment is capable of shortening the duration of the disease and convalescence and of reducing the mortality.

Beyer<sup>26</sup> has had some experience with antipyrine in

<sup>23</sup>Szontagh, *Jahrbuch, fuer Kinderheilkunde* Bd XXVIII, Heft 2. Lond. Med. Recorder, May 20, 1889.

<sup>24</sup>Prudden and Northup, June, 1889.

<sup>25</sup>Kreider, *Med. Record*, June 6, 1889.

<sup>26</sup>Beyer, *Med. News*, June 15, 1889.

pneumonia, which although not extensive enough to prove anything, yet *are* extremely suggestive. In his opinion, antipyrine is especially indicated during that stage of pneumonic process in which there is great interference with the circulation, on account of its power of not only stimulating the heart, but also of dilating the vessels at the same time.

Lees<sup>27</sup> has found a very great improvement followed the use of the ice bag in the great majority of cases. The reduction of the temperature was from 3-4 degrees, and usually occurred at once. In some slight cases and in two of broncho-pneumonia in children, the disease seemed to be promptly cut short.

Goodhardt<sup>28</sup> has for eighteen months used no other application than the ice bag in acute pneumonia. In eight out of the eighteen cases reported, a good result followed, the temperature falling promptly and convalescence being rapidly established. Collapse might occur, but was easily detected and overcome by brandy and warmth.

Pieragnoli<sup>29</sup> pleads for the use of calomel, which he gives combined with opium, and avoids expectorants. The course of the pneumonia was milder, the infiltrations less firm and the extension of the same more limited.

Green<sup>30</sup> has found much benefit from peroxide of hydrogen, a half teaspoonful well diluted in water every hour.

Clemens<sup>31</sup> reports forty-two cases of the severe forms of pneumonia, which were treated exclusively with inhalations of chloroform. These inhalations not only alleviate all pain, but shorten the duration of the disease. The chloroform is diluted with alcohol.

<sup>27</sup>Lees, Brit. Med. Journal, October 26, 1889. London Lancet, November 2, 1889.

<sup>28</sup>Goodhardt, Brit. Med. Journal, October 26, 1889.

<sup>29</sup>Pieragnoli, Cent. fuer die Gesaunt Therap., November, 1889. Lo Sperimentale, June, 1889.

<sup>30</sup>Green, Jour. Respiratory Organs, August, 1889.

<sup>31</sup>Clemens, Allg. Med. Cent. Zeitung, November 21, 1889. Med. News, June 22, 1889.

Fieandt<sup>32</sup> treated 106 cases of pneumonia with ice. Though ten cases were double, only three out of the whole number died, and the epidemic was not a mild one. The method of application was to use an India rubber bag filled with ice continuously over the affected lung, from 12—24 hours after the crisis.

Tordens,<sup>33</sup> in cases of broncho-pneumonia in children, prefers apomorphia in 1—2 centigrammes per day. Vomiting from this remedy is not followed by severe prostration. Hydropathy has remarkable efficiency in the broncho-pneumonia of children. It causes deep inspirations, produces a cutaneous derivation and acts favorably with the vapor of water with which it fills the atmosphere. Tordens envelops his patient in cold or tepid compresses.

Pretresco,<sup>34</sup> since 1883, has treated all cases of pneumonia with large doses of digitalis, and has had eminently satisfactory results, the attack usually aborting by the second or third day; and the physical signs disappear altogether generally at the end of the third. In some cases, twenty-four hours have sufficed to enable the patient to return to work.

Nillson<sup>35</sup> has used iodide of potassium in fifteen grain doses every three hours, day and night, with a mortality of 5.17 per cent., from one-half to one-third his former death rate. The good effect of this remedy is doubtless due, in some degree, to the influence which syphilis exerts on the infectious diseases.

<sup>32</sup>Fieandt Duode cem (Finnish), Lond. Lancet, August 10, 1889.

<sup>33</sup>Journ. Am. Med. Ass'n., December, 1888.

<sup>34</sup>Pretresco, Bull. Med., August 23, 1889. Lond. Med. Recorder, October 20, 1889.

<sup>35</sup>Nillson, Nordiskt-Medicinskt Bd. XIX, 26. Occidental Med. Times, May, 1889.

## EPILEPSY.

FOLLOWING A SLIGHT INJURY AFTER THE LAPSE OF TWENTY-THREE YEARS—TREPHINATION—CURE.

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G. W. CRILE, A.B., M.D., CLEVELAND, OHIO.

In December, 1889, I saw Prof.——, 38 years old, a self-made man, a book-worm and a scholar, who for five years had been suffering from convulsions, digestive trouble, which he, as a patient, had learned to call gastric ulcer; severe pain in the left shoulder, left side of his neck and base of his brain. All these pains were much more severe at time of the convulsions. The attacks visited him usually every two months, sometimes three, and in one instance six months elapsed. The attack was usually preceded a few minutes by a peculiar pressure on his brain, as he expressed it. Unconsciousness would come on suddenly. He would fall if standing or walking. The attack would last an indefinite period, usually from two to four hours. His physicians told him that during this time he would have a number of convulsions. Not having seen him while in one of these, I do not know their character.

He would gradually recover consciousness, and at the end of from one to two weeks would resume his work. Following the first attack, bromides were administered. Several physicians of ability treated him at various times. Also an eminent surgeon was consulted, but the bromides were continued for five years. His stomachic symptoms received medical attention for several years. He grew gradually worse.

A red spot on the left frontal region  $\frac{3}{4}$ -inch from the coronal suture and in line with the temporal ridge, attracted my attention. Digital pressure was applied and all the symptoms but the convulsion were produced. He felt even a nausea. On inquiry it was found that when ten years old, while engaged in a horse race, he was thrown

head foremost into a pool of water, which was bottomed with gravel. He sustained a lacerated and contused wound, of so little significance that his parents did not observe it. It healed quickly. Eight years later the cicatrix became swollen and tender. A physician was consulted and a small fragment of pebble was removed by him. At intervals the cicatrix would swell a little and become tender. No notice was given this.

In October, 1884, while enjoying excellent health, and engaged in hard mental labor, he was awakened one night by a severe pain under the left scapula, gradually ascending the neck and base of the brain on the same side. He dressed himself to leave the room. As he reached the door, he fell unconscious and remained so for three hours. During this time the attending physician told him he had several convulsions. In several weeks he was able to resume his work in the class-room. This was the first of a series of similar attacks heretofore described.

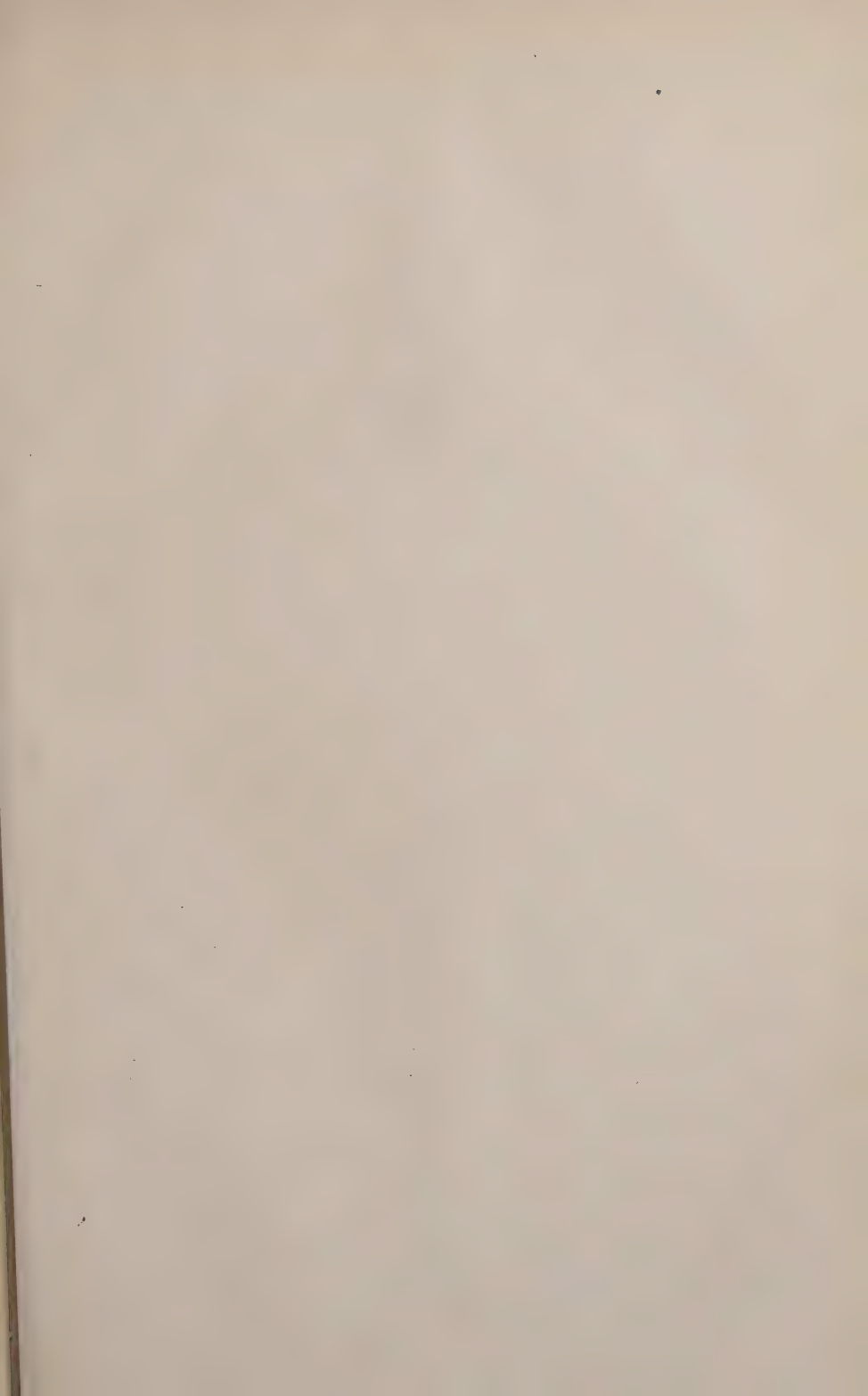
The symptoms developed by pressure alone were sufficient to indicate trephination, which was advised. Dr. F. J. Weed was consulted, and on his recommendation, the patient presented himself for operation a few days later. A button of bone an inch in diameter was removed immediately underneath the cicatrix. The pericranium was firmly adherent to the bone, the external surface of which was concave and roughened, with a small, round depression in the centre passing almost through the outer table. The internal surface of the bone was normal. The dura mater was firmly attached to the bone, and much thickened—so that it formed a mass. A part of this was excised. There was no fracture and no depression of the cranium.

The wound was drained and closed by cat-gut suture. Primary union followed. The patient made a speedy recovery. As soon as he recovered from the anæsthetic, he felt that a load had been taken from his brain. Seven

months later, in a letter, he describes his condition as follows :

"The operation has restored me to perfect health. Since the day of operation I have had no symptom of the former trouble. The glands in my throat that formerly secreted so much cheesy matter are almost well. I have been at hard mental labor ever since."

When I first saw him, his throat was coated with the "cheesy" discharge, which probably arose from the bad condition of his stomach. The entire train of symptoms so misleading depended on the inflammatory thickness of the dura mater, causing irritation with pressure on the brain. A careful examination revealed no foreign body in the cicatrix. Just previous to an attack, the cicatrix would frequently swell and become tender. In what manner this swelling and tenderness and the attack of convulsion communicated with each other—the one within the other without the bony wall—I do not fully comprehend. The only external traumatic evidence was the cicatrix in the scalp and the absorption of the external table to the extent of two-thirds its thickness. The internal evidence was a thickening of the dura mater, resulting from inflammation. The tender cicatrix and the train of symptoms caused by pressure upon it, serve as a sufficient indication for operative interference.





PROCTOR THAYER.

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EDITED BY A. R. BAKER, M.D., AND S. W. KELLEY, M.D.

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## EDITORIAL.

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### PROCTOR THAYER.

It would require a goodly column to contain an adequate biography of Dr. Thayer. In the time and space at our command we can only present a brief, imperfect sketch of his life and character.

In the memories of those who knew him no words of ours are needed to perpetuate his fame, and the record of his innumerable kindly words and deeds is written in the hearts of hundreds of practitioners all over the country, who were students under his teaching. To those more distant of our readers who never knew him, the plain story of the manly life now ended will tell why his colleagues felt such a shock at the loss of a strong member, why the profession mourns a fallen leader, and why the community is deploring that so eminent a citizen has departed to "that undiscovered country."

Proctor Thayer, son of Daniel Thayer, farmer, was born at Williamstown, Berkshire county, Massachusetts, October 16, 1823. At the age of seven years he lost his father and early learned the practice of self-help. When old enough, he went to Western Reserve college, at Hudson, Ohio, and at nineteen graduated from the scientific department. He then taught at the Twinsburg academy, where his characteristics soon distinguished him and attracted the attention of discerning old Professor Delamater, through whose influence Thayer came to Cleveland and entered upon the study of medicine. With his talents and traits, and association with the master mind and noble heart of Delamater, what else could have been the result? Thayer fell in love with his profession and evinced a zealous devotion which never changed through all the years of his life. He graduated at Cleveland Medical college in 1849, and practiced with Dr. Delamater for the next ten years. In 1852, he was appointed demonstrator of anatomy at the college. He so thoroughly mastered and taught the subject and was so plucky and energetic in procuring material (which was done generally by methods different from those in vogue nowadays), that he excited the admiration of Ackley, himself an expert anatomist and professor of surgery, and Thayer was made clinical assistant to the chair of surgery. The mere mention of those days and nights with the young demonstrator will stir pleasant and even thrilling memories of many who have since grown quite sedate, but who were at that time ready for a bit of adventure as well as for study.

In 1856 Dr. Thayer was made professor of anatomy and physiology, which position he held until 1862, when he took the chair of principles and practice of surgery, with the addition of jurisprudence. During all this time he attended to a large medical and surgical practice. He was one of those who could not resist the appeal of suffering humanity, no matter what his own personal fatigues or dangers, and regardless of the compensation or lack of

compensation offered. He busied himself also with the study of various branches of science, taking great interest in mineralogy, geology, chemistry, philosophy and mathematics, being especially apt in the latter branch and fond of its pursuit. He also served four years in the city council, exhibiting his strong connections and sterling integrity. At the opening of the Rebellion, he offered his services, gratis, to examine Union recruits, and made thousands of examinations. He was intensely patriotic and enthusiastic and spared neither his time nor his money in the cause of his country. He entered the U. S. Army and served at the reduction of Forts Sumpter, Moultrie and Wagner. He was then given charge of the principal military hospital at Beaufort, South Carolina. He also served at the battles of Pittsburgh Landing and at Corinth, from the latter field bringing some three hundred wounded men, distributing them along the way to Cincinnati. He was then honorably relieved from the service and returned to his professional work at Cleveland. This work he pursued almost unremittingly, hardly granting himself any relaxation until last winter, when his health failed alarmingly. Year after year his lecture hour was 8:30 in the morning, and as surely and as punctually as the clock pointed to the hour, Professor Thayer walked into the room and began quizzing as soon as he reached the desk. The quiz was followed by the lecture, and the mind of every student was kept alert and very busy from the first to the last minute of the hour. Professor Thayer never used a manuscript, nor even notes; he seemed to be full to overflowing with his subject; had a ready command of clear and forcible language, was especially apt and original in his illustrations and applied anecdotes with telling effect. He was perfectly familiar with every line and precept, history and principle in his department, sound and practical in his instruction, and ever ready and kindly in answering queries or making plain the difficulties of the students. Professor Thayer was a prime favorite with every

class that left the college during his connection with it. In the numerous letters which we receive from time to time from alumni located at a distance, there are many inquiries after the welfare of this or that well-remembered teacher, but nearly all inquire after Dr. Thayer or allude to some of his traits or sayings. "How is the little giant?" or "Does Thayer still give his lecture on Homeopathy?" are frequent inquiries. We think that without exception, Professor Thayer served the longest as a medical teacher, uninterruptedly, in connection with one institution, of any past or present in the United States.

He was widely known also as a medical witness, and his evidence bore great weight. The prudence with which he decided, the clearness with which he stated his opinion, and the knowledge, the logic, adroitness, wit and force and firmness with which he "took care of it" and maintained it, have often won the respect and admiration of court, jury, counsel and spectators.

Dr. Thayer had felt his health uncertain during the last year, and after the visitation of the influenza of last winter, he was quite enfeebled. He made a trip to the south early in the spring, in the hope of benefit by change of climate, but returned worse. His strength gradually failed until October 1, 1890, when he expired. The immediate cause of his death was valvular heart disease as the result of aortic stenosis.

The meeting of the medical profession called by the faculty of the Western Reserve Medical college and the County Medical society was held in the main amphitheatre of the Western Reserve college building on the evening of October 3, to pay tribute to the memory of Dr. Proctor Thayer. There were about one hundred members of the medical profession present.

Dr. G. C. E. Weber called the assembly to order, saying: "We have gathered here to-night to perform a sad duty. Dr. Thayer, a distinguished physician and colleague whom we knew so well, has laid down the mantle and gone to that country from whence no man returns.

It is a time honored custom to cherish the memory of such men, and for that purpose we have gathered here to-night. I propose that we organize, and suggest the name of Dr. E. D. Burton as our chairman."

Dr. Burton of Collamer was made chairman, and Dr. W. T. Corlett, president County Medical society, secretary.

Dr. Weber moved that a committee of three be appointed to draft resolutions expressing the feelings of the gathering in regard to Dr. Thayer. Drs. Weber, R. A. Vance and G. C. Ashmun were appointed as the committee.

Dr. Burton addressed the meeting: "Dr. Thayer's life in this city is known to all. It was the life of half a century. He did not lead a famous life. He devoted his time to his profession. It has been my good fortune to know Dr. Thayer for many years. He early in life manifested a desire to study medicine, and well did he fit himself for his chosen profession. It was a matter of love with him. He was a close and energetic student. Born in poverty, his life was such as to call forth all his economic qualifications. He led a life of sacrifice. Shortly after he graduated, he took charge of the large cholera hospital which was established when cholera was raging in this city. He ate and slept and lived in this hospital throughout the entire epidemic, and when the last patient was discharged he carried out all the old clothing, bedding, etc., and made a bonfire of it. His example at this trying time did much to restore public confidence and prevent a panic, and at a meeting called for this purpose he received the thanks of the community for his services. Through his devotion to duty at this time he contracted a disease, which for three months laid him up. He devoted his life to his profession and to the benefit of humanity. He was small in stature, and had nothing in his appearance to gain the graces of the public. He was peculiar in his temperament and positive in his actions. He led a life of positive integrity. In all my intercourse with him I never found a shadow of variation in professional courtesy."

Judge Boynton, representing the bar, was called upon, and said:

"I came here more to listen than to be listened to, but notwithstanding that, I should feel that I had not availed myself of a personal duty if I neglected to speak. I had known Dr. Thayer for thirty years, quite intimately for the past fifteen years. I found him clear in perception and judgment. Oftentimes I have seen him on the witness stand. He was very decisive and positive in his opinions. No matter what position he took, he always vindicated it. In his death both Cleveland and the medical profession have sustained a great loss. He did not pursue his profession for the money that was in it, but because he loved it."

Mr. W. S. Kerruish followed with an appropriate address. He said that at so short a notice he could not do justice to a man who had occupied so large a space in his profession. Fifty years ago it was his fortune to find himself in a school in an adjoining county, and found the place was full of traditions of a man who had been both student and teacher there. That man was Dr. Thayer. "Thus," said he, "I became acquainted with Dr. Thayer without ever seeing him. Finally I came to Cleveland, and I found that Dr. Thayer, even then, young as he was, was in the front rank of his profession. Years passed by, and I came to know Dr. Thayer as a loyal citizen and a great physician. He kept himself abreast with his profession. He did not content himself with what he learned during his college days, but delved into all the branches of the profession to which he was devoted. He has gone and left a wide gap in his profession. For thirty years he has been prominent, with a reputation honestly earned."

Dr. Julian Harmon of Warren followed with a glowing tribute to the worth of Dr. Thayer as a man great-hearted, firm in his friendship, frank in his demeanor and devoted to his calling.

Dr. I. N. Himes referred to his love of family, his skill

as a surgeon and his intimate knowledge of the human structure.

Dr. John Bennitt spoke of the high esteem in which he had always held Dr. Thayer during long years of colleagueship, but which had been heightened during the past few months, when his attendance upon him had led to more intimate acquaintance. He alluded to Dr. Thayer's use of expletives, and said that it was done without the slightest intention of profanity; that on the contrary, Dr. Thayer had the highest reverence for his God, who was his spirit of infinity, power and peace. It has been said that he was at war with orthodoxy. Such was not the case. He was a religious man who would pass muster. Among the last words he said were these: "My path, I expect, diverges somewhat from that of Churchmen, but I am willing to take the path assigned me."

"I have known Dr. Thayer more or less intimately half of my life," said Dr. W. J. Scott. "We were medical students together. I admire a man who, without any advantages in the beginning, takes the rough corners as they come and gets on top at the last. He was not a man who copied. He was an original thinker. What he acquired was his own, tintured with his own peculiarities. How many young men fail even after they have gone through the rudiments of the profession. The career of Dr. Thayer shows what proper study and perseverance can do. He studied anatomy probably as few have studied it. He did not go to Europe. He studied here and studied until he was thorough master of it. As a surgeon he was skillful. What he did he did quickly and well. His life is an example to all of us."

Dr. R. A. Vance said that there was one aspect in Dr. Thayer's life which had been overlooked, and that was his hatred of sham. If there was any man that could puncture the bubble of self-conceit, it was Dr. Thayer. He was a man of positive character and, like all such men, had both friends and enemies. But no man made the flower of friendship blossom so beautifully from the bitter

soil of personal enmity as Dr. Thayer. He was a thorough student in surgical classics, and was informed of the principles held and methods practiced by all the eminent Anglo-Saxon surgeons during the past hundred years.

Dr. Weber said that his heart was too full to make any extended remarks. With great feeling he related a trying experience in his own career in which Dr. Thayer nobly came to his rescue. Another point in his character was his unswerving loyalty to the new college since the union was formed some years ago, and it became the Medical Department of Western Reserve University.

Dr. H. H. Powell spoke of him as a teacher, with a natural gift of conveying knowledge, and a great favorite with the students. He mentioned also that an oil portrait had been ordered, which will occupy the wall of the faculty-room with those of the illustrious founders of the institution.

Upon the suggestion of Dr. Bennitt, it was moved by Dr. Vance that the chair appoint a committee of five to prepare a suitable eulogy of the life of Dr. Thayer. The chair withheld the appointment of the committee for consideration.

The following resolutions submitted by the committee were adopted :

“WHEREAS, The noble and active life of Professor Proctor Thayer has been brought to its earthly termination ; and

“ WHEREAS, He has presented to his professional brethren, to the students who have come under his influence, and to all his fellow-citizens, such marked qualities of mind and heart as to leave a vivid impression of his high character and abilities ; therefore be it

“ *Resolved*, That we hereby express our sense of great loss to the medical profession and the community at large, in the death of Dr. Thayer ; and

“ *Resolved*, That we present to the family of our beloved associate and teacher our general sympathy in their supreme loss and time of sorrow.

“ *Resolved*, That we attend the funeral services of our

friend and cherish the memory of his life to the end of time for us."

The funeral service at his late residence on Euclid avenue was attended by a very large representation of the medical profession, students of the Western Reserve Medical college and many friends. The entire faculty and students of the college attended in a body, being conveyed to the residence in special cars.

The casket was surrounded by many floral tributes of beautiful design. The music was furnished by the Temple quartet.

The service began at 2:30 P. M., and was conducted by Rev. Dr. C. S. Pomeroy, assisted by Rev. Joseph H. Selden. Rev. Mr. Selden offered invocation and read Psalms xxiii. and xc., and Dr. Pomeroy followed with passages from Hebrews xii. and Corinthians xv. "Abide With Me" was sung impressively by the quartet in the old English chant. The address was made by Rev. Dr. Pomeroy.

The honorary pall bearers were Drs. Weber, Scott, Bennett, Herrick, Laisy and Darby, and the acting, Drs. Kitchen, Parker, Himes, Smith, Lowman and Powell. A large cortege followed the remains to Lakeview cemetery, where the interment took place. Many distinguished persons were present, among them Senator H. B. Payne, Judge Rufus P. Ranney, Hon. Harvy Rice and others.

At a meeting of the faculty of the Medical Department of the Western Reserve University, appropriate resolutions commendatory of the life, character and services of Dr. Thayer were adopted. Resolutions were also adopted by the students of the Medical Department of the Western Reserve University.

Dr. Thayer was married in 1861 to Miss Mary E. Masury of Cleveland, who, with their two sons and two daughters, survives him.

With this sketch we are relieved of our sad duty as a chronicle of the times. We had hoped an abler pen would volunteer a fitting memoir or indite an eulogy. But

if never a word were written upon this noble, energetic, cheerful, useful life, many a friend, both humble and great, the halls of justice and the college walls, for years and years and years and years to come, would abound with traditions of Proctor Thayer.

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#### ARTHUR B. CARPENTER.

Dr. Arthur B. Carpenter of this city died suddenly Wednesday morning, October 15, 1890. He had been enjoying his usual health, and on Tuesday evening was dining with some friends at the Union club. About eleven o'clock he remarked that he was not feeling well and went to his rooms accompanied by Dr. Corlett. Upon reaching his office, which was next door to the club house, he remarked that he was feeling very sick and requested that Dr. Kitchen be sent for. He complained of suffering much pain; his pulse became imperceptible, which, after vomiting, returned for a short time. Notwithstanding hypodermic injections of brandy and ether, he sank rapidly and expired in less than two hours. He retained consciousness almost to the last, and realized fully his serious condition and made disposition of his property.

Dr. Carpenter was born at West Andover, Ohio, in 1852. He studied medicine in the office of Dr. Kitchen; graduated from the Medical Department at Wooster university in the year 1879, after which he served one year in the Cleveland hospital for insane, did a general practice in this city for several years, and went to Europe and spent a year in the hospitals of London and Berlin, returning in 1887, since which time he limited his practice to diseases of women. For several years he occupied the position of Demonstrator of Anatomy in the Medical Department of Western Reserve university.

Dr. Carpenter was a man of fine physique and prepossessing appearance, which, together with the strong personality, left a lasting impression upon all who came in contact with him.

He was a member of the British Gynæcological society, and at the last meeting in Buffalo was elected a member of the American Gynæcological society. He was vice-president of the Cuyahoga County Medical society, also a member of the Union Medical Association of Northeastern Ohio, the Ohio State society and the American Medical Association. He was an active member, always present and taking a prominent part in the discussions, and during the past few years read a number of valuable papers before the meetings. He has been a frequent contributor to the *MEDICAL GAZETTE*, as well as other medical periodicals. He will probably be best remembered by the profession in connection with Apostolis' method of treating uterine fibroids and as having been the first to make use of the ordinary street electrical wires for medical purposes.

At a special meeting of the Cuyahoga County Medical society, Thursday evening, October 16, a committee consisting of Drs. Corlett, Humiston, Lee and Vance was appointed to draft resolutions, and submitted the following, which was unanimously adopted :

In view of the death of Dr. Carpenter, we, the committee of the Cuyahoga County Medical society, would respectfully submit the following: That a man of more innate kindness and frankness of disposition never lived; that Dr. Carpenter, in the work he did in his chosen lines, was original in thought, apt in suggestion and skillful in execution, and in his death we mourn the loss of a congenial companion, a careful student and skillful physician; that an engrossed copy of these sentiments be sent to the family of deceased, the city papers, and inscribed on the minutes of this society.

During the meeting, eulogistic remarks about the life, character and work of Dr. Carpenter were made by Drs. Scott, Cushing, Tuckerman, Baker, Powell, Ashmun, Corlett, Humiston, Lee and Vance.

During the course of his remarks, Dr. Herrick said :

"Dr. A. B. Carpenter has been so conspicuous among us and so ready in all the questions of interest to our pro-

fession, that it becomes us to stop and learn the lesson before us and drop a tear of sorrow over our lost comrade, and extend words of sympathy to those who have lost one in whom they had the most lively hope. Dr. Carpenter was no ordinary man. He had such natural endowments as gave him conspicuous success for his years, under opposing circumstances. Few know of the wearying struggle, the discouragements to be overcome by one who has risen from the humbler walks of life on a farm to the position attained by our cordial, generous fellow-worker. His personal appearance was commanding, his genial manners captivating. No one who had met Dr. Carpenter could fail to admire his frank, open expression of his convictions, which he did not fear to express or follow. He followed them without malice to those who choose to differ from him.

“In his work as demonstrator of anatomy, he made no mean reputation. Rarely, if ever, in the city, has a demonstrator done as thorough work. By the aid of a magic lantern, he presented upon canvas a picture of complex parts to be dissected, and gave the students thorough drills with repetition, so that the points were fully impressed. In his more special work for the last three or four years, that of gynecology, he did valuable service. Whatever he did he did with all his heart, and whatever he believed he believed with all his heart. He had strong purpose, accompanied with a commanding physique and a large brain force. With these endowments, in the order of providence, had he lived, he would yet have gained still greater success and given greater luster to our noble profession.”

In accordance with his often expressed wish while living, his remains were cremated in Buffalo on Tuesday, October 21.

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#### COMPETITIVE EXAMINATIONS FOR HOSPITAL PHYSICIANS.

The seven public hospitals in Cleveland make sixteen hospital appointments every year. How and by whom

these appointments are made is one of the mysteries that we have been unable to solve. Most of the announcements of the various medical colleges state that hospital appointments will be made by competitive examination, or leave it to be inferred that they will be made thus, or that comparative merit will be considered, all students being eligible. Such examinations may have been held, and appointments made accordingly, but we have been unable to find any one who has any knowledge of there having been any such examinations.

It is a fact frequently commented upon, that some of the dullest students of their class, even those who have been plucked at final examinations, have occasionally received appointment, and afterward brought discredit on the service of the house, and imposed upon the bright and energetic members of the house staff.

Such being the case, it is time there was a reform in the methods of making hospital appointments in this city. We see no reason why our hospitals should be managed differently from those of other cities, where all the hospital appointments are made by competitive examinations, which are publicly advertised and conducted openly and honestly.

These remarks may not apply to those hospitals under control of medical colleges, as these institutions rightly consider that it is nothing more than fair that the appointments be made from among their own students. But even in these cases, it would be an advantage all round to have the appointments made by competitive examinations open to any member of the class, and the title of house doctor won in that way would be something to be proud of.

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#### LIBERAL OFFER TO OLD SUBSCRIBERS.

In order to retain all our old subscribers during the coming year, we will extend the time one month longer, for which we will furnish the *GAZETTE* at the old price of one dollar, if paid in advance on or before December 1, 1890.

## AMONG OUR EXCHANGES.

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The fact that so many patients cannot tolerate the salicilates, while they persist in having attacks of *rheumatism*, gives an interest to an article by DR. C. S. COPE of Ionia, Mich.,<sup>1</sup> on the treatment of rheumatism by hyposulphite of soda, in combination with stillingia, phytolacca decandra, and, in some cases, colchicum. His method is to open the primæ viæ with calomel and rhubarb, fifteen grains each, giving Seidlitz powders in addition, if necessary, and then to give twenty-five grains of hyposulphite of soda in a tablespoonful of water every two hours, till the urine becomes clearer and the pain and swelling subside. In cases where there is glandular swelling in addition to the ordinary rheumatic phenomena, he uses :

R Syr. stillingiæ comp. - f. ʒiii.

Ex. phytolaccae decand. fld. f. ʒiii.—M.

S. teaspoonful every four hours.

And in cases where there is red tongue, instead of the usual heavily coated tongue, he uses wine of colchicum. He reports several cases of prompt recovery under this method of treatment, and some of them were cases severely crippled by chronic rheumatic arthritis.

The experiments of DR. GAUCHER of Paris,<sup>2</sup> as to the effect of boric acid on *tuberculosis* shows that the remedy is worthy of thorough trial. Unlike creasote, this drug is not unpleasant to take and usually sets well on the stomach. Clinically, it seems to bring about a notable diminution in the quantity of the expectoration, which at the same time becomes more fluid and less purulent. Diarrhœa, too, is often markedly checked. The dose administered was one gram daily in divided doses. The boric acid is found present in the expectoration in considerable quantity, showing that it is excreted by the pul-

<sup>1</sup>Med. and Sur. Reporter, September 20, 1890.

<sup>2</sup>Lancet, August 16, 1890.

monary mucous membrane. Inoculated rabbits treated with it developed no tuberculosis, while those not so treated, died. Salicylic acid is claimed to be an excellent remedy for exterminating *pediculi pubis*.<sup>3</sup> It is used as follows:

R.—Salicylic acid . . . . . 2 to 3 parts

Aromatic vinegar . . . . . 25 “

Alcohol (eighty per cent.) . . . . . 72 “ M.

A piece of flannel is to be wet with the lotion and thoroughly rubbed over the parts. The writer claims that it is fully as effective as the standard ung. hydrarg., less disagreeable in application and wholly free from unpleasant after-effects. DR. W. T. BRANSTRUP of Topeka, Kansas, <sup>4</sup> reports a case of *rodent ulcer* cured by spraying the surface with peroxide of hydrogen. The crust was rubbed from the surface of the ulcer with a towel, considerable force being used; the bleeding points were touched with Monsel's solution, after which the raw surface was sprayed with Marchand's peroxide of hydrogen, full strength. The ulcer was completely cured in three months. Evidence is accumulating which goes to show that borax is likely to win a permanent place beside the bromides in the treatment of *epilepsy*. DR. STEWART, medical officer at Glamorgan county asylum, <sup>5</sup> concludes from a somewhat extensive trial, that borax is especially efficacious in just those cases where the bromides are most unsatisfactory, viz, in nocturnal seizures. In cases where the fits are in the day-time, he therefore uses the bromides; in cases of nocturnal seizure, borax; while in those cases where the fits occur both day and night, he obtains the best results from combining the two. Aristol, the new combination of iodine and thymol, possesses the advantage of being odorless and non-irritating, and therefore is being advocated as an efficient substitute for iodoform in that class of cases where the latter drug has come to be considered as of especial efficacy. DR. WM. F.

<sup>3</sup>Kans. Med. Journal,

<sup>4</sup>N. Y. Med. Times, September, 1890.

<sup>5</sup>British Med. Jour. April 19, 1890.

WAUGH<sup>6</sup> of Philadelphia, has been giving it a thorough trial in *varicose ulcer, lupus, endometritis, syphilitic ulcers*, etc., and expresses the greatest satisfaction with his results. He quotes also the testimony of a number of other observers. Some of the testimonials seem, it is true, a little enthusiastic, but nevertheless, making all due allowance for the "personal equation," enough remains to warrant a thorough trial of the drug, especially as iodoform has become malodorous in more senses than one, and is therefore tabooed in the better class of private practice.

## NEW BOOKS.

'ESSENTIALS OF ANATOMY AND MANUAL OF PRACTICAL DISSECTIONS,' prepared especially for students of medicine by Chas. B. Nancrede, M. D. Third edition revised and enlarged, based upon last edition of Gray's Anatomy. W. B. Saunders, Philadelphia, Pa., 1890. For sale by P. W. Garfield, Cleveland, Ohio.

This work contains thirty handsome, fine lithographic plates in colors and 175 wood cuts in the text.

While this book cannot replace the larger anatomical works, sufficient descriptive matter has been introduced to enable the student to refresh his memory of the more numerous facts learned in the lecture and dissection room or from his "Grey" or other text books, differing in this respect from most of the works of its class, which are little more than a 'list of names, without any distinctive facts connected with them to aid the student in the difficult task of acquiring a knowledge of a branch of medical study almost solely dependent upon the unassisted powers of memory.

The great popularity of Dr. Nancrede's 'Essentials of Anatomy' suggested to the publisher the desirability of still further extending its usefulness by the addition of a series of plates which might make it of as material service in the dissecting room as are larger and much more elaborate works.

<sup>6</sup>Times and Register, September 20. 1890.

With this end in view, much care was bestowed upon the selection of illustrations, and we believe that those presented in the following pages are unrivalled in excellence, except in the large, cumbersome and expensive charts, which are not adapted to the student's purpose.

When it becomes necessary for the student to recall the relations of important blood-vessels or nerves, he should not stumble over what Grey says or Leidy taught, but there should flash into his memory without effort what he has seen and what he knows. In these plates the typographical features of each version are so beautifully illustrated that the student can compare his dissection at a glance, and can as quickly review his knowledge in preparing for examinations.

This work should be in the hands of every medical student.

"OPHTHALMOLOGY AND OPHTHALMOSCOPY FOR PRACTITIONERS AND STUDENTS OF MEDICINE, by Dr. Herman Schmidt Rimpler, Translated. From the third German, revised edition. Edited by D. B. St John Roosa, M. D., LL. D.; 183 wood cuts and three colored plates. Wm. Wood & Co., New York, 1889. For sale by P. W. Garfield, Cleveland, Ohio.

This work is intended principally for the purpose of teaching modern ophthalmology. The first part treats of optical, anatomical and physiological data, and the author has attempted to simplify the mathematical problems which are necessary to the comprehension of the subject.

In this he has succeeded better than most works of this character, although we fear that many of his formula will prove somewhat obscure to most general practitioners who have not given special attention to mathematics, but to the student who wishes to become proficient in ophthalmoscopy, they will prove invaluable.

In part II the theory of ophthalmoscopy and ophthalmoscopic appearance in the healthy eye is carefully considered and the various instruments described. After which, diseases of the optic nerve, retina, choroid and vitreous body are considered.

Part III treats of glaucoma and ophthalmoscopic disease of the lens, conjunctiva, cornea, sclera, iris and

ciliary body, sympathetic ophthalmia and suppurative choroiditis.

Part IV treats of diseases of the ocular muscles, orbits, eyelids and lachrymal apparatus.

The distinctive feature of the book is its originality. It is not written "according to distinguished authority," but is the outgrowth of the author's extensive experience as a practitioner and teacher of ophthalmology. It is a work of inestimable value to the specialist.

'THE LATIN GRAMMAR OF PHARMACY AND MEDICINE,' By D. H. Robinson, Ph. D., Professor Latin Language and Literature, University of Kansas, with an introduction by L. E. Sayre, P. G., Professor of Pharmacy in, and Dean of Department of Pharmacy, University of Kansas. Philadelphia, P. Blakiston, Son & Co., 1012 Walnut street, 1890. For sale by P. W. Garfield, Cleveland, Ohio.

This book is timely. While it would have been useful in the years gone by, still it was not so imperatively demanded as in the present era in the history of medical education. Formerly the matriculant at our medical schools was not required to possess a knowledge of Latin, and he entered on the course and struggled with the nomenclature and terminology at great disadvantage and not always coming out first best; but there is now, and properly, more required in the way of preliminary education of the medical matriculant. And many young men otherwise eligible to the study of medicine, but whose opportunities have not allowed them to acquire a knowledge of Latin, will gladly procure this book and find it an efficient friend and helper.

'THE EXAMINATION OF URINE, CHEMICAL AND MICROSCOPICAL FOR CLINICAL PURPOSES.' Arranged in the form of questions and answers. By Lawrence Wolff, M. D., Physician to the German Hospital of Philadelphia; Demonstrator of Chemistry, Jefferson Medical College, etc. Colored plates and numerous illustrations. Philadelphia, W. B. Saunders, 913 Walnut street. 66 pages; price, 75 cents.

This is one of the excellent series of "Saunders' Question Compends." It will be mostly used by students, but is also handy to the practitioner for review on the points not so constantly brought into use and therefore apt to be forgotten. A little more attention might have been given

to the micro-organisms found in the urine, and the formulæ should have been given in the ordinary, as well as in the metric system.

**'ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES'**—A yearly report of progress of the general sanitary sciences throughout the world. Edited by Chas. E. Sajous, M. D., and seventy associated editors. F. A. Davis, Philadelphia, Pa., 1890.

In the brief space at our command it is impossible for us to do justice to this magnificent work of five large volumes, illustrated with numerous chromo lithographs, engravings and maps. To those of our readers who are familiar with the previous issues of this annual, it is only necessary to say that 1890 is fully equal and in many respects superior to the preceding years. The improvements in this year's set mainly consist in the creation of departments on subjects heretofore considered under general heads. Syphilis, for instance, under the editorship of Prof. J. William White of Philadelphia, appears as a general section, replete with information that could hardly otherwise be presented satisfactorily. Surgical Mycoses, edited by Prof. Ernest Laplace of Philadelphia, is another subject so treated, while that of Throacic Surgery by Prof. J. McFadden Gaston of Atlanta, forms a special department, the value of which will become apparent.

The indexing seems to be much more satisfactory than ever before. While the entire periodical medical literature has been gone over as carefully as heretofore, the editors seem to have gained greater capacity in catching the salient points made by the various writers, and have succeeded in making their statement in such a way as to be more easily and smoothly read. One of the principal objections to works of this kind is that they are often either dry and prosy indexing of subjects and titles, mere bibliographics, or else they are not complete, dwelling at length on a few subjects, to the neglect of the many. In this work we think the editors have struck the happy medium, and have given us a work in which we have not only a complete index of the medical literature of the year, but enough is given of each subject to be of practical value to the practitioner.

## NOTES AND COMMENTS.

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*Editors CLEVELAND MEDICAL GAZETTE*:—I would like to have room in the columns of the GAZETTE to start a movement for a reunion and organization of the class of '82, Medical Department Western Reserve University. The meeting to be held at the college sometime during commencement week next March. Ours was the largest class that ever went out from her walls, and we ought not to let our *Alma Mater* forget it. How many of the class will "second the motion?"

L. P. BARBER.

Tracy City, Tenn.

*Castrated Singers*.—A Frenchman once remarked that he could not accustom his ears to the voices of castrated singers. This reminds one of the young lady who went to hear the eunuch Carestini sing. The whole world was praising his voice, but this girl remarked ingenuously: "He has a fine voice, but there is something wanting about him."—*Lancet Clinic*.

*As a gargle in tonsillitis* the Canada Medical Record gives the following:

|                             |                   |
|-----------------------------|-------------------|
| "R Tinct. quiaci ammoniat., |                   |
| Tinct. cinchonæ corap.,     | aa. f 3iv.        |
| Potassi chlorat.,           | 3ii.              |
| Mellis,                     | 3iv.              |
| Acaciæ Pulv.,               | g. s.             |
| Aquæ                        | g. s. ad. f. 3iv. |

M.

"Sig. Half a teaspoonful to a teaspoonful every two hours as a gargle." This is doubtless an excellent preparation. We have frequently employed with satisfaction a similar combination, only, instead of the honey, using glycerine, which aids in suspending the quiac, and adding a little fluid extract of licorice, which improves the taste. Also let the patient swallow the medicine as well as gargle with it.

*Dr. Albert T. Spurney* was married to Miss Pauline Sykora, daughter of Mr. J. W. Sykora, at the residence of the bride's father, 221 Osborn street, Wednesday evening, October 15.

*Dr. Chas. C. Arms*, professor of operative surgery in the Medical Department of Wooster university, was married at the Church of the Unity, Wednesday noon, October 16, to Miss Elizabeth S. Seeley, who for several years has been one of Cleveland's favorite teachers. Dr. and Mrs. Arms left in the afternoon for an extended tour through the west.

*We regret to learn* that Dr. J. B. Walker is confined to the Lake Side hospital with a mild form of typhoid fever.

*Dr. Hobart Amory Hare*.—We regret that in our notice in the September number, on page 520, the name of Dr. Hobart Amory Hare, author of the work on Therapeutics, under Review, was misspelled. The author's name is Hare, not Hart.

*Dr. R. B. Granger*, the energetic managing editor of the *New York Medical Journal*, has been visiting Cleveland, making the acquaintance of our medical men and institutions.

*The Southern Surgical and Gynecological Association* is to be held in Atlanta, Ga., November 11, 12 and 13, 1890. Members of the medical profession cordially invited. For preliminary programme address Dr. W. E. B. Davis, Birmingham, Ala.

*The Lewistown, Me., Journal* tells of a Maine man who is a selectman, assessor and overseer of the poor in his town. He is also school agent and highway surveyor in his school and highway district. It is said that the town pays him one dollar per day for the board of his mother-in-law, and that he has hired his own daughter for the school teacher. An ex-soldier, he draws a nice sum each month as a pensioner. He carries on a farm and speculates some in farm produce and stock. He also owns a building that is the head-quarters of a poker club, and he is a leading as well as a successful member thereof. It should be added that he does not teach a class in Sunday-school.

*Text Books on Practice*.—From an editorial in the *Times-Register*, we clip the following excellent review of the principle text books on practice now in extensive use:

In practice, for example, we have a number of excellent works, but not one that embraces the good points of all.

Flint gives very good descriptions of disease, but in

spite of Welch's work, his therapy is too nihilistic. People who do not believe in the efficacy of treatment are not apt to believe in the efficacy of physicians.

Bartholow errs on the other side. He cures too much; and when one finds that, in spite of his confident assertions, his remedies do not remedy, it is rather discouraging.

Roberts is the book for a beginner. He gives the definitions clearly; the book is well balanced; he avoids discussions and sticks to well-established facts; but still his book is but a skeleton, and he gives facts rather than principles.

Loomis' *Clinical Medicine* is, we believe, the best of the American works on practice. He has the most recent work in many branches, and is well up to the times. He is not so clear as Roberts, nor so comprehensive, nor so dry.

Fagge's book is the best of modern works for the practitioner; it is a work of the highest order of merit; but it presupposes a degree of knowledge not generally found in the student.

Niemeyer's work is now becoming old; so that the practitioner must supplement it with more modern treatises. But in one respect it excels all others, and that is in the profundity of its reasoning. He was a wonderfully clear thinker, and the greatest of therapists in his day. If it be understood that the object of medical study is not so much the acquisition of facts as the training of the mind in correct methods of thought, then the superiority of this work is manifest. No human brain can acquire, by a sheer effort of memory, the facts of medical science. But Niemeyer not only gives the fact, but the reason for it; he shows why a thing is, because it cannot possibly be otherwise; and the student who fairly comprehends his reasoning, never forgets it. And though the latest editions of his work appeared before the brilliant discoveries of Koch and Pasteur had inaugurated the new era in medical science, the student will find scarcely anything to unlearn in Niemeyer. His work is a foundation broad enough to hold the modern structure. Great man! Profound in reasoning and vigorous in action. He has left behind him men of erudition, brilliant writers and accomplished physicians, but no successor worthy to wear his shoes. In studying his works, one can understand the love our fathers had for George B. Wood; and why Sydenham's works never grow old.







